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Medical Gazette
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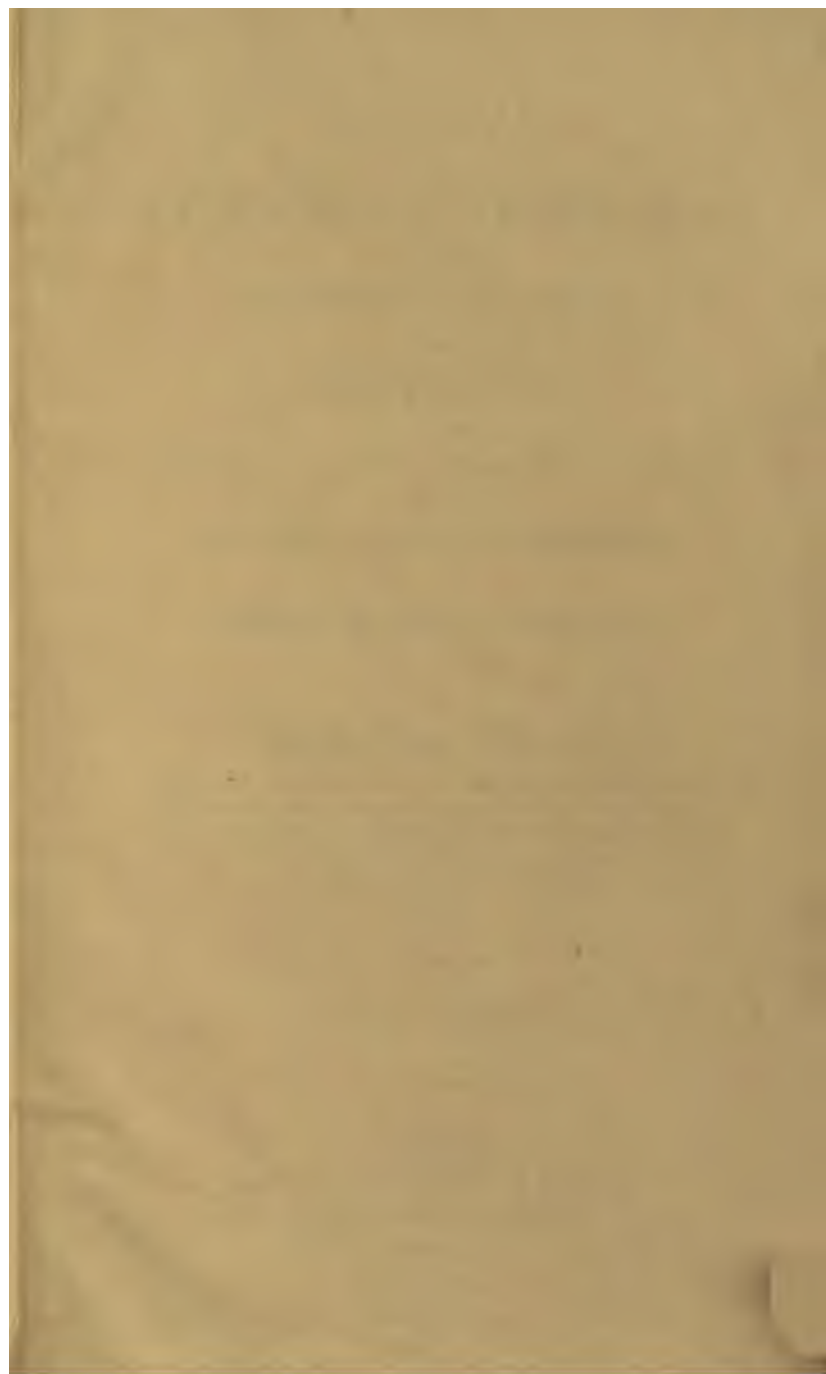
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AN ESSAY
ON
SPERMATORRHŒA,
AND
URINARY DEPOSITS;
WITH
OBSERVATIONS
ON THE
NATURE, CAUSES, AND TREATMENT.
OF THE VARIOUS
DISORDERS OF THE GENERATIVE SYSTEM.

Illustrated by numerous interesting Cases.

BY
RICHARD DAWSON, M.D.,
LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON;
MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;
SURGEON TO THE DISPENSARY FOR THE TREATMENT
OF CALCULUS, DIABETES, AND THE VARIOUS
DISEASES OF THE GENITO-URINARY
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DEDICATION.

TO M. LALLEMAND,

PROFESSEUR À LA FACULTÉ DE MONTPELLIER, MEMBRE CORRESPONDANT
DE L'INSTITUTE, ETC., ETC., ETC.

MY DEAR SIR,

Were I not actuated by the recollection, and a due sense of the benefits conferred upon me when your pupil, the high position in which your researches upon the subject of this essay have placed you, would naturally have pointed you out as the fittest person for its dedication. I therefore trust, that in offering you this testimony of my admiration, respect and esteem, you will receive it also as an humble, but sincere and grateful acknowledgment of the many favours your kindness and urbanity have conferred upon me.

Believe me,

My dear Sir,

Yours most sincerely,

RICHARD DAWSON.

LONDON, 15, FINSBURY CIRCUS.



P R E F A C E

T O T H E F I F T H E D I T I O N .

WHEN preparing the former editions of this work for the press, their different parts were written at intervals, as materials presented; and the necessary consequence has been a want of system in the arrangement. This I have endeavoured to remedy in the present volume. Much new matter has been added, but I have strictly confined myself to that which I believe will be practically useful, and avoided lengthy and unnecessary details.

It will be seen that great importance is attached to chemical and microscopical examinations of the urine; for I feel assured that much of the success in the treatment of spermatorrhœa, will depend upon the information to be obtained from urinary investigation.

It is a source of gratification to me that the profession, not only in England, but in the Colonies, begin to see the importance of attending to this subject; and, if I may judge from the numerous communications I receive from professional gentlemen, both at home and abroad, the time is not far distant, when this subject will receive that general attention which its importance deserves.

LONDON, 15, FINSBURY CIRCUS.

P R E F A C E

TO THE FOURTH EDITION.

TWELVE months have hardly elapsed since the last—the third—edition of this work was published; and I am now called upon for a fourth. During the interval the opportunities for practical observation and inquiry which have been presented to me, have been numerous, and have most satisfactorily confirmed the plan of treatment originally set forth in the previous publications. My object has not been a large or bulky volume, and I have therefore confined the details to what seemed to me best calculated to establish the principles of treatment which I advocate in spermatorrhœa, and which I have found in practice successful. The numerous professional applications to me from eminent practitioners in medicine and surgery, fully assure me that my endeavours have not been in vain.

15, FINSBURY CIRCUS,

P R E F A C E

T O T H E T H I R D E D I T I O N .

THE rapid sale of two rather large editions of this work is not only flattering to myself, but a most conclusive proof that my inquiries into, and exertions to illustrate, some of the more obscure and intricate departments of Pathology and Therapeutics have been, not only useful, but approved by the profession. The first edition passed off so quickly, that time sufficient for any material improvement was not afforded. Not so, however, upon the present occasion; for not only have I availed myself of long-past opportunities, but the daily increase and extent of my practice have placed in my hands means the most ample for scientific, pathological, and therapeutical inquiry.

I have endeavoured to the utmost to give a concise and complete description of spermatorrhœa. For this purpose I have not only appealed to my own more extended experience, but have also availed myself of that of the continental authors, more especially Lallemand, and have enriched this volume with some of the most interesting of his cases, and many of his most valuable observations.

Spermatorrhœa and the conditions of the testicle are so often and so intimately connected with venereal affections, that I could not, in justice to the subject, pass these

over altogether unheeded; but in the observations submitted to the reader, I have endeavoured, as much as possible, to confine myself strictly to the necessities of the subject.

The cases detailed, numerous as they may appear, were yet absolutely necessary to illustrate in a sufficient manner the principles of pathology and therapeutics laid down in this treatise. These cases have been extracted principally from the materials furnished by my own practice; but when it appeared to me that these principles might be more clearly illustrated, or more fully demonstrated by the experience of the continental writers, I did not hesitate to sacrifice every consideration to utility.

As many points considered in this volume admit only of unintelligible or but imperfect description, I have added plates, with diagrams explanatory of certain matters not to be rendered otherwise clearly comprehensible. I trust, therefore, this volume will not be considered inferior to, or less useful than, its predecessors upon these important diseases.

P R E F A C E

TO THE SECOND EDITION.

THE First Edition of this work was estimated within the limits of a very narrow sale, and for two reasons:— First, I could not have anticipated that a class of maladies which, if not wholly unknown, are, at least in this country, but little understood, was calculated to attract much of the notice of either the profession or the public. Secondly, still less could I have imagined, that the value of the matter itself would have been much enhanced, by its association with so humble an individual as myself. Upon one of these points, at least, I find I have been mistaken, and I am now called upon for a New Edition.

The very short interval which has elapsed since the first impression, it will hardly be expected, can have afforded opportunity of adding much to the stock of information already placed at the disposal of the profession, consequently the following pages must be regarded as intended to meet the increased demand rather than to furnish the profession with the results of additional experience, or of a more matured judgment.

It may, however, be as well to observe, that even so short a period has served more strongly to satisfy me, as well as to convince others in whose judgment I place the greatest confidence, that the disorders noticed in this volume are deserving of much more serious attention than has been hitherto bestowed on them. Neither is their prevalence so limited as may be imagined, nor have their baneful effects upon the human frame been so truly estimated as their importance demands.

Ample experience has still more strongly convinced me of the importance of the subject which constitutes the matter of this volume, and of the great good which would result from a thorough and searching inquiry. It is therefore on public grounds, and in defiance of personal abuse, that I venture to offer a second impression of this volume to the profession and the public.

LONDON, 15, FINSBURY CIRCUS.

P R E F A C E .

AMONG the many works so constantly issuing from the medical press, replete with the most ingenious speculations, and enriched with principles founded upon the closest and most attentive observations, it unaccountably happens, that none have been specially devoted to the subject which constitutes the principal matter of the following pages. Indeed, it would seem not very inconsistent to infer, that, in reality, no such diseases ever existed, as they could hardly have escaped the inquisitive vigilance of modern medicine. Strange, however, as this may appear, such diseases not only prevail, but to an extent hardly to be credited, unless by those who have devoted themselves to inquiries upon the subject. It is true that Impotency is noticed in systematic works upon the practice of physic, but in so vague a manner, and with so little precision, that we rise from the perusal as little instructed as when we first sat down. "Indeed," says Curling, "the little information we possess respecting it, is chiefly to be found under the head of Impotency in works on medical jurisprudence, in which it is cursorily considered, principally in relation to points of medico-legal interest, and scarcely at all in reference to practice."

In a practical point of view, the sources of information in this country may be regarded as an absolute nonentity. Nor has this dearth been passed over without heed or complaint. Dr. Smyth, in a paper on Impotency, published in the *Lancet*, August 28, 1841, observes: "It is a subject not less interesting to the moralist than to the medical practitioner; and it really is surprising to see that nothing worthy of notice is to be found on a matter so important in the various writings of standard authors. This circumstance appears remarkable and unaccountable, when experience convinces us that sexual weaknesses and imperfections, either hereditary or acquired, constitute the great majority, perhaps nine-tenths of the causes of nervousness, mental imbecility, and derangement. How then are we to account for a fact like this—a fact of such frequent occurrence, and so highly philosophic and instructive as it undoubtedly is—having obtained so little attention? Can a general feeling of ill-exercised tenderness towards the depraved habits of most of the pitiable sufferers have operated in preventing the matter from having been duly investigated, and candidly avowed and discussed, or has it resulted from ignorance? The former we are disposed to think can scarcely have been the case; for with the medical practitioner, less frequently, perhaps, than with any other professionalist, from the confidence so readily reposed in his calling, does delicacy or prudery supersede utility?"

Perhaps the neglect with which practitioners have treated the subject of Impotency may be explained by the fact, that unless in the case of physical defects, we had no means of forming the diagnosis of such cases, nor

were we capable of discriminating them from the mere common derangements of health. It is to the MICROSCOPE that we are chiefly indebted for the new light thrown upon this disorder. The discovery of the *spermatozoa* naturally led to the inquiry, what was the object of their existence in the spermatic fluid? Their presence in the seminal secretions of all animals proved that they were essential, and philosophy soon cleared up the mystery. Hence, the presence of these animalcules in the urethral discharges, and in the urine, furnished means for the diagnosis of this hitherto one of the most obscure and intricate forms of Impotency.

There are other forms of this disorder, caused by genital derangements, resulting from excesses and other kinds of imprudence. In many of these, I found the epididymis in a peculiar condition,—indurated, knotted, and tuberculated. I do not find this condition in connection with Impotency noticed by any of the numerous authorities which I have consulted.

A residence for some time upon the Continent, and the kindness of the surgeons in charge of the large hospitals in France and in Germany, afforded me opportunities of inquiry, which I must have sought for in vain at any of the establishments in this country. The facilities, and the means of such investigation, are less repugnant to the habits and customs abroad than at home.

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A PRACTICAL ESSAY
ON
SPERMATORRHOEA.

EXPLANATORY OBSERVATIONS.

TEN years ago, I endeavoured to direct the attention of the profession to the injurious effects of seminal discharges upon the constitution. At that time, the nature and causes of spermatorrhœa had hardly attracted the notice of the medical practitioner; and this is still the only essay published in the English language upon the subject. In this work I fully explained the mode of treatment so successfully practised by Lallemand in France. As his pupil, I had daily opportunities, for a very considerable time, of witnessing its efficacy. His method of treatment being so different from that which I had seen adopted in England, and the results proving so much more efficacious, it at once attracted my notice, and induced me to give the subject my most attentive consideration.

I had seen the disease treated in the several hospitals in England, where it was regarded simply as a conse-

quence of general debility ; and the remedy invariably resorted to was the tincture of sesqui-chloride of iron.

My first endeavour was to shew that this disease is not always produced by the same cause ; but that, in many cases, it originates from very different sources, and that its treatment requires to be so varied and altered, as to meet the peculiar circumstances of each case. These views at that time met with considerable opposition from some well-meaning and sincere parties ; others, I regret to state, were actuated by very different motives.

When the first edition of this essay issued from the press, it was much more difficult than at present to prove by ocular demonstration the actual existence of the disease in question ; but the recent improvements in the construction of the microscope have rendered its detection certain. Those desirous of becoming acquainted with the subject, and who will take the trouble to observe the instructions which will be found in another part of this essay, may satisfy themselves as to the correctness of these discoveries.

I am perfectly aware that the subject upon which I have written is still avoided by many scientific members of the profession, in consequence of the odium attached to its investigation, caused by certain unprincipled persons who have hitherto made it a means of extortion and fraud. Hence many professional gentlemen, with whom I am personally acquainted, from cases which have come under their own immediate observation, have expressed themselves fully satisfied of the importance and utility of such inquiries, but had declined to bestow that attention which the subject deserves, from the fear of being associated with the parties referred to. I am happy, however, to say that this mawkish delicacy is now subsiding ; indeed, hardly a day passes in which I am not applied

to by medical gentlemen in different parts of the kingdom requesting information on the subject.

While a pupil of Lallemand's, I witnessed with much surprise the advanced stage to which most of the cases of spermatorrhœa had arrived before they came under the notice of the professor, and soon felt convinced that this arose, in a great measure, from the difficulty which generally existed in detecting the disease in its earlier stages.

When I first commenced practice in London, I devoted myself specially to the cultivation of those means best calculated to ensure the detection of the disorder at its commencement. To such investigations I have directed my attention for many years, and I have to express my sense of the obligations I am under for the assistance received in my microscopical researches, from my friend Dr. Venables, and Mr. Quekett, Conservator of the Museum at the Royal College of Surgeons.

SEMINAL DISCHARGES.

THE object of this essay is to direct attention to a class of diseases much neglected in this country. At first sight, perhaps, it will hardly be imagined that the genito-urinary system in man, can exert so extended an influence over the various functions of the body, as to produce almost every kind of derangement. Yet I think I shall be able to prove, that many diseases arise from this cause, and escape detection, until they have acquired considerable ascendancy. The casual observer, who devotes the whole of his attention to the treatment of *effects*, such as pain in the back, confusion of thought, irregularity of bowels, etc., will, of course, regard such diseases as *primary* affections, nor once imagine that all the symptoms may spring from a very different source, which, if timely investigated and controlled, might have laid the foundation of a good constitution and a permanent restoration to health.

My attention was directed, at an early period of my professional career, to the nature of the disease about to be considered, and to the many changes superinduced in the structure of the more important parts of the procreative system. Although in some degree familiar with the symptoms and character of these affections, and with their train of miserable associations, yet it was not till

after a sojourn at some of the Continental schools, particularly in France and in Germany, that I became more intimately acquainted with their phenomena. I then felt convinced, that many of the patients whom I had seen treated during my pupillage, and whose cases had baffled some of the most celebrated physicians and surgeons in England, suffered from this disease. The unhappy termination of the following case was one of the principal reasons which caused me specially to direct my attention to this subject.

One of my earliest friends, a gentleman endowed with great natural talents, strong sensible mind, and, to all appearance, possessed of great mental vigour, for some years had been suffering from an incessant discharge from the urethra, so obstinate that it resisted all the means adopted for its removal. He also experienced pains in different parts of the body; and, notwithstanding the very active treatment which was employed, no permanent benefit was obtained. About this period I left England, and in consequence lost sight of the gentleman for nearly six years.

A medical practitioner in the neighbourhood where my friend resided, being in London some time ago, communicated to me the following particulars:—

He stated that he had been consulted by this gentleman, who complained that he had lost all desire whatever for sexual intercourse, which he attributed to the circumstance of some person having removed the vital part of the testicle, while he was under the influence of mesmerism! Not only the improbability, but the absolute impossibility of such an occurrence was explained, and urged upon him; no further investigation, however, appears to have been instituted. I subsequently learned, that some few months after the occurrence above mentioned, symptoms of

insanity became much more evident. During the first twelve months he was under the surveillance of his friends; but, the malady increasing, it became necessary to place him in a lunatic asylum, where, from everything I can learn, he will probably remain for the rest of his days. This case made a very strong impression upon my mind;—one of my earliest associates, of an active and vigorous mind, robust health, not the slightest apparent tendency to mental alienation—in a few short years the inmate of a lunatic asylum!

From what I have seen, I cannot help feeling that this case is a striking instance of the influence of involuntary discharges upon the mind; and that, had such a view been taken at the commencement, and the case treated accordingly, the melancholy catastrophe might have been averted.

The symptoms of so insidious a disease as the one about to be considered, bid defiance to anything like correct classification. Thus, sometimes there is general nervousness: sometimes the most violent palpitations of the heart, from the slightest mental emotion, present the principal feature.

Such patients frequently exhibit a peculiarity of disposition; and their general deportment undergoes a remarkable alteration. The temper, for instance, is extremely irritable, fretful, peevish and discontented; and the appearance indicates a marked degree of melancholy. But such patients are far from being courageous, or excited to anger or resentment, even by those incidents which, under other circumstances, would arouse their indignation; on the contrary, they are timid, fearful, and apprehensive, and endure injuries which they have neither the spirit nor the courage to resent.

Very frequently, if such patients be subjected to proper

examination, they will be found to suffer from nocturnal or diurnal pollutions. What I wish to be understood by "*diurnal pollution*" is, the escape of seminal fluid when the patient is at stool, or when he empties the bladder. This escape is not usually accompanied with erection; and is frequently unattended with sensation of any kind. Occasionally, after a hard or costive motion, the patient feels faint, and a whitish fluid oozes out from the orifice of the urethra with the last drops of the urine.

In the majority of these cases, the patients are entirely ignorant of their nature. Many medical gentlemen whom I have attended at different times, have observed that they could never have believed that so great a discharge could have existed without their knowledge, had they not seen the quantity of seminal fluid collected that had escaped in one day. From this fact, some idea may be formed of the number of patients who suffer from seminal discharges, without the real cause of their disorder having been ever discovered or even suspected.

Nocturnal pollutions, when occasioned by spermatic plethora, may prove beneficial, provided they do not recur too frequently. But if, on the contrary, they occur too often, the seminal vesicles will either become morbidly irritable, and emissions take place from the least possible excitement; or the contrary condition may supervene, and the ducts, from debility, perform their office very imperfectly. Under these circumstances, emissions take place without erections, and are not attended with any degree of pleasure. These pollutions are always followed by feelings of depression, indolence, discontent, disordered imagination, confusion of thought, pains in the back and loins, and a sensation

of fulness in the head, which, however, disappear in the course of the day, and do not return till after another emission.

After a time, the consequences become serious, and more permanent, and two or three days at least, are required to get rid of them. As yet, no real disease has been established; but there are indications which must not be overlooked or neglected; and these are threatenings which it will be highly prudent to avert. The presence of well-formed semen in the seminal vesicles, is essential to natural erections, without which neither direct nor indirect excitement would have any influence upon the erectile tissues. Therefore, impotency of whatever description, whether natural or acquired, arises from deficiency or total absence of a healthy stimulus in the vesicles, and is, consequently, a certain sign of the existence of diurnal pollutions.

If the atony of the ducts be suffered to continue, the nightly discharges take place without either dreams, emotions, pleasure, or, indeed, sensation of any kind; and the patient remains wholly unconscious of what has occurred. The penis now becomes flaccid, and the seminal vesicles more insensible, and in proportion, more passive. Lallemand has well described the effects of such pollutions. He observes:—

“The effects of nocturnal pollutions are generally supposed to be proportioned to the abundance, frequency, and energy of the phenomena that precede and accompany them. This conclusion, however, is very false; for it is generally when the emissions become less frequent and less abundant, that they are followed by serious and protracted general symptoms. This anomaly, however, is more apparent than real, for the nocturnal now become conjoined with diurnal pollutions, which

latter likewise escape without any sensation, passing off with the urine, or when the patient is at stool, without either his knowledge or observation. It is of importance, therefore, to warn both surgeons and patients of the errors which they are daily committing, in estimating the importance of these nocturnal pollutions only by their abundance and frequency."

When seminal discharges occur in voiding the urine, or during a stool, the most serious and dangerous consequences may ultimately ensue, from their frequent repetition. Such patients suffer severely; and Lallemand, whose statements I have always found accurate and faithful, says: — "These patients soon become ill, their most intimate friends are ignorant of the cause of the various disorders they complain of, the medical man who possesses their confidence is not better informed, for even the patients entertain no suspicion of the real nature of their complaint. Hence their indisposition is set down to ennui, tendency to melancholy, or to hypochondriasis. When their disease assumes a more serious aspect, then the constitution is said to be delicate, impressionable, or unhealthy; and they are looked upon as *malades imaginaires*. They are reproached with too much care of themselves, or an over-fondness for medicine. Medical men, in extensive practice, tire of hearing the tale of so long a series of unintelligible and inexplicable maladies, and rid themselves of such patients by recommending them to travel, or to obtain a change of air. Charlatans plunder them; officious friends advise marriage, or some sort of occupation to fill up the void in their existence; but all blame them, because no one really comprehends the nature of their disorder. Unfit for any serious occupation, and incapable of deep reflection, they become dissatisfied with themselves, and

still more so with others. Absorbed in one sole thought, they return incessantly to themselves to seek for the cause of their lamentable condition, and soon become misanthropical."

We generally find unnatural seminal discharges accompanied with increased appetite, from the necessity which the system feels of compensating the daily losses it sustains, and to counterbalance the excitement of the genital organs; sometimes to such an extent that the appetite may be said to be voracious. Masturbation often produces similar effects. The digestion, however, at last becomes impaired, but still these patients force themselves to eat, expecting to recruit their strength by an abundance of succulent food; or they may feel a real appetite. But their feeling, in this latter case, is not that of hunger, but a sense of gnawing, uneasiness, or sinking; such patients resort to stimulating food, which only increases the difficulty and pain of digestion, by aggravating the irritation of the stomach. The momentary pleasure or relief obtained by brandy, or other stimulants and cordials, often entails hours of misery and suffering. Hence, frequently result sympathetic affections of the liver and heart, more especially when the irritation has been prolonged. The bowels are constipated and distended with wind.

The symptoms, however, vary in different individuals, and even in the same individual on different days. In the advanced stages, constipation becomes established, a condition which greatly aggravates the mischief, by producing abundant diurnal pollutions. Notwithstanding, the patient frequently looks healthy, and sometimes even robust; but a close investigation shows that this apparently good health is readily disordered by the most trifling causes. Lallemand thus observes:—"The perse-

cution of the friends and relatives of such patients only aggravates their misery, by recalling to their recollection the bitter truth which they are unwilling to own. Often have I heard such persons exclaim, 'Oh, that I were thin and yellow, that I had the appearance of a sick person; then I should be pitied, and permitted to follow my own inclinations!'" I have met with similar cases. When the disease has arrived at its advanced stages, the veins of the testicles become varicose; and impart a sensation to the touch as if the scrotum contained a number of thick hardened cords. I have met with many cases, in which the enlargements have been so great and so extensive, as to compel the patient to wear large trousers to hide the deformity. Well-regulated pressure will soon relieve this inconvenience.

Another very frequent symptom of the presence of spermatorrhœa, is a constant desire to pass urine. This is accompanied with irritation, and a considerable difficulty in completely emptying the bladder. There is occasionally obstinate costiveness; and frequently bleeding from the anus, and what the patients themselves term blind piles.

If the patient has masturbated from an early period, dark circles are frequently observed round the eyes; the whiskers and beard are stunted in their growth; and the face, instead of being studded with a thick and manly beard, is covered with a thin effeminate downy substitute.

Stammering is not a very^r unfrequent accompaniment of spermatorrhœa, especially in young persons. Indeed, various alterations occur in the voice, which can be readily traced to indulgence in masturbation. It loses its sonorousness, and its natural force and power, and is replaced by a shrill, squeaking, effeminate tone; and

this, with the general appearance, suggests the idea of a eunuch.

I am frequently applied to by patients who inform me that they find it impossible to curb the mind, or prevent it from constantly dwelling upon lascivious notions; these impure ideas being revived by the most trifling causes. Thus the sight of a dirty waiting-maid will often, with such persons, occasion pollutions; they are weak, irritable, and frequently experience a convulsive thrill through the whole frame, followed by great despondency, and a constant desire to pass water.

A careful inquiry into the history of such cases often elicits, that at an early age the patients suffered from incontinence of urine, and were constantly punished for soiling the sheets. It is much to be regretted that parents are not better informed upon such important matters, in which the welfare of their children is so seriously involved. Indeed some of the worst cases of spermatorrhœa I have ever treated, were those of patients who had suffered during childhood from irritable bladder. With such the nocturnal pollutions of after-life are frequently intermixed with blood; the urine copious, watery, and of low specific gravity; and these persons in mature age evince a remarkable dislike to the opposite sex. It is true they had indulged, to a great extent, in certain mal-practices, acquired at school, till they had brought on partial impotence.

Many patients of this description attempt to account for their dislike to females by attributing it to the beatings they had received in early life, in consequence of suffering from irritable bladder; but I am more disposed to set it down to the consciousness of their partial impotency; the erections being sufficient only to permit masturbation, but not powerful enough to enable them

to enjoy natural connexion. A vast number of such patients have informed me, that having been repeatedly disappointed, in consequence of the seminal discharges taking place too soon, in despair they surrendered themselves to unnatural excitement. In such cases, the testicles for the most part are much smaller than usual.

Since the publication of a former edition, I have met with a great many cases of deafness, which appear in some measure, to have resulted from spermatorrhœa; for in six of these instances the patients, after they were cured of the seminal discharges, regained their hearing. The first two of these I attributed to accident; but more extensive experience has satisfied me that there is *some connection* between the two disorders. There is also a feeling of weakness or oppression at the chest.

Epilepsy is a frequent consequence of masturbation; and often appears during the course of long continued spermatic discharges. I have treated a great many cases of this description; and, not long since, a most interesting one in conjunction with Dr. Niell of Aldersgate-street. The patient had been under the care of some of the first physicians and surgeons in London; yet, strange as it may appear, the cause of the disease had never once been suspected, although the most superficial examination into the condition of this patient's urine afforded ample evidence of the nature of the disease.

I have under my care, at this moment, another remarkable case of a similar kind. The patient had been, for some years, subject to urethral discharges; he seldom went with a female without contracting what his medical attendant believed to be a "bastard clap." The discharges were attended with a scalding and considerable irritation in the urinary passages, accompanied with a

constant desire to pass urine. To prevent the recurrence of such suffering, he was strongly recommended to marry, an advice which, after some hesitation, he followed; for he had previously suffered, as I afterwards ascertained, from considerable debility. He succeeded, however, in consummating the marriage; but, during the night he was, for the first time, attacked with an epileptic fit; and attacks of this kind recurred at intervals up to the time of his calling upon me. He had then been married four years, and had three children, every one of whom has shewn some indications of an hereditary tendency to the disease.

I have, at this time, two cases under my care, in which there is a partial paralysis of the lower extremities, caused, in a great measure, by excessive spermatic discharges; and several others of a similar description have, from time to time, fallen under my professional observation. There is one peculiarity in this form of paralysis, by which it may be readily distinguished from the true or genuine disease. Patients afflicted with the first form can always walk best when alone or with their more intimate friends. But in the presence of strangers, or when they suspect that they are observed, they have great difficulty in moving without assistance.

Vision is frequently impaired when the patient has been suffering for any length of time from seminal discharges. The eyes look dull, watery, and heavy; the pupils become dilated; black spots seem to float before the eyes, and such persons are incapable of looking a stranger full in the face. Masturbators become alarmed when the sight becomes much impaired, and are frequently by fear prevented from indulging farther. Many of my patients have assured me, that impaired vision

was the first sign to warn them of the evil effects of masturbation. By discontinuing the practice, they became much better. It must not, however, be disguised, that true amaurosis, or paralysis of the retina, sometimes supervenes, and produces partial and in some cases complete blindness.

When the disease has thoroughly taken root, there is a moroseness of manner, and a gravity which might be mistaken for the seriousness of deep thought, and the calm of penetrating reflection. But a moment's investigation is quite sufficient to unravel the whole, and expose the real condition to the experienced judgment. There is a vacancy, an abstraction of thought quite incompatible with serious reflection. Nothing can engage the attention; and no mirth, no amusement can dispel the fixed and deep rooted melancholy.

This condition is not natural to the patient, nor consistent, or even reconcilable with his former habits. A serious alteration of character, although its successive phases have been overlooked, has been gradually though slowly developing itself. The changes are now too obvious to be passed over unobserved. The patient presents no tangible form of disease; and in the doubts and difficulties of the case, cachexies of various characters are apprehended, and the patient is supposed to be consumptive.

Since a former edition of this work, I have met with an instance corresponding in almost every particular, with the foregoing description.

I was consulted about a young gentleman, sixteen or seventeen years of age, who about eight or nine months before returned home from a boarding school, where he had been for several years. It was intended to send him to one of the universities, and his preliminary education

having been completed, he returned home to enjoy a little recreation previous to engaging in the higher departments of study.

He had not been at home more than two months, when a sensible and marked change in his character took place. He became indolent, apathetic, gloomy, and solitary. He avoided society; abandoned sporting and other amusements, to which previously he had been much devoted. He spoke but little, and renounced, so far as he could, all his former associates. These extraordinary alterations were at first matters only of speculation. Disappointment, unrequited love, or some unworthy misplacement of his affections, were each in their turn accused; but when brought to the test were found to be perfectly innocent of the charge made against them.

At last matters became so serious, though inexplicable, that it was necessary to defer his going to the university. The professional attendant of the family was summoned to explore the circumstances, and assist with his counsel and advice. This gentleman apprehended phthisis, and expressed himself fearful that consumption would make its appearance at no distant period. Of course in a case of such importance speculation was out of the question, therefore several professional gentlemen were consulted in succession; and many and various were the theories broached, and the opinions delivered. At the recommendation of a patient of mine who happened to be intimate with the family, I was called in to see the case. I now proceed to detail his state at the time of my visit.

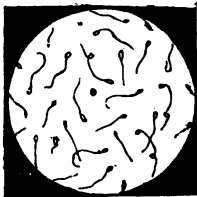
His general appearance was unhealthy, although no special form of disease was particularly prominent. The countenance was pale, sallow, and somewhat flabby; the eye dull, and heavy, clearly betraying a considerable

degree of vacuity; the attention wandering and unsettled; the mind weak, and the intellect evidently impaired.

The animal powers were in a similar state of languor—a complete indisposition to the slightest exertion. It was not without some trouble that he could be induced to attend, or reply to the questions put to him concerning his health. He seemed desirous of avoiding the fatigue of satisfying the inquiries made of him. Hence his answers were delayed; and, when at last given, were peevish and fretful. The whole of these phenomena were distinct and clearly observable; but yet when closely investigated, could be traced to no apparent cause. On examining the different organs and structures, to none in particular could a morbid condition be clearly traced. There was unquestionably a state of ill-health; but for which conjecture even could not assign any reasonable cause.

I had become from experience familiar with such cases; and the appearance alone of this patient, from the first excited my suspicion. This was converted into certainty upon observing the careless, peevish, and impatient manner of his whole deportment. I therefore inquired if he was not subject to frequent urethral discharges. You are subject, I continued, to *involuntary emissions*, sometimes at night, sometimes in the day, and occasionally at both periods. At last he admitted the fact; stated that he did not clearly understand either the nature or the cause of his complaint; but that latterly he felt very much altered, and very unwell without any reason. It is, perhaps, hardly necessary to state further, than that upon microscopical examination the urethral discharge was loaded with spermatozoons, which were also found to exist frequently in the urine, and that the case was clearly one of *spermatorrhœa*. The plan of treatment detailed in another part of this essay was adopted, and with success.

There is, however, always one constant attendant on spermatorrhœa, and that is, a disordered condition of the genito-urinary system. If this be enquired into, we shall find evidence sufficient to satisfy us of the nature of the complaint. A discharge from the urethra of a thin watery fluid, will be observed, which is increased in quantity after a bulky or hard stool: the desire for sexual indulgence gradually diminishing. The linen in these cases is occasionally stained. But the stain is white, and more like that from diluted albumen or white of egg. Examined by the microscope, the seminal character of the fluid is placed beyond the possibility of doubt. It is a fact, well known to physiologists, that the semen in the male abounds in minute animalcules, named "*spermatozoa*," the shape and active movements of which the microscope alone can disclose to our view. They present the appearance of a sort of flattened ellipse, terminating in a kind of thread-like spiral tail, as shewn in the diagram.



Perfect.

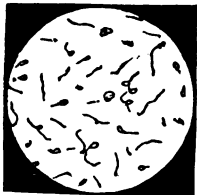
When the patient suffers from both nocturnal and diurnal pollutions, he very seldom has any offspring; but if there be issue, the children generally prove weak and unhealthy, and, for the most part, die before they arrive at maturity. I have been led to this conclusion after very close and attentive observation. When the disease has existed for some time, the power of impregnating becomes extinct; for not only are the spermatozoons broken up, but the emissions are weak and precipitate, so that the seminal fluid cannot be ejaculated with the requisite force, to drive it to the *os uteri*. The erections are not only incomplete in themselves, but of too short duration; and the ejaculation takes place long before the uterus

and fallopian tubes can be sufficiently excited. The spermatozoa, in such cases, are imperfect, or their motions are weak, slow, and cease very soon; and themselves soon perish. When such incomplete development arises, as it often does, from too rapid formation; if, under such circumstances, the emissions be prevented, the secretion becomes more healthy, the desires more natural, and the erections more energetic and continuous, so as to enable the sexual congress to be completed. As illustrating the advantage of attending to these matters, I may adduce the following case:—

The friends of a gentleman preparing for one of the learned professions, consulted me respecting the state of his mind. They observed that his memory had become much impaired, and his intellect seriously affected. He had latterly evinced a distaste for all those amusements which he formerly enjoyed, and had taken an utter dislike to the fair sex! He repeatedly declared that he envied the man who cleaned his boots, and wished it had fallen to his lot to be the servant. He distorted the most trifling incidents, and magnified to the utmost every disappointment or vexation, however trifling in its nature. He became morose in his temper; his disposition suspicious; a haggard and sickly appearance; a wild and vacant look, which, together with all the marks of a completely broken-down constitution, induced his friends to think seriously of placing him under some restraint; and it was at this period that I was applied to.

I was informed that, in consequence of the symptoms from which he suffered, at one time resembling those of an affection of the heart, at another of the lungs, the stomach, the head, etc., he had undergone the varied routine of treatment for these different disorders, for several months, without deriving any permanent benefit.

Upon inquiry, I learned that for some time past, stains of a peculiar description had been constantly observed upon the linen which he had worn ; and his friends looked upon this as the effect of some illicit intercourse which, preying upon his mind, they apprehended might be the true cause of his mental and bodily infirmity. On examination, I found the urine remarkably pale; specific gravity 1·009, and its state in every respect very abnormal. But the most remarkable appearance was that of spermatozoa. When a portion was transferred to the field of the microscope they were seen in a sort of thin wheyish-looking fluid; they were also found in the stains upon the linen, very few of them being in a perfect state, and the tails of most broken off, as may be seen in the following diagram, copied from a specimen collected during attendance upon this case.



Imperfect.

Being thus acquainted with the nature of the case, and the real cause of this gentleman's melancholy condition, I told his friends that I entertained some hopes of his being cured; but they had so frequently heard the same thing, and had been as often disappointed, that they were unwilling to enter upon any fresh scheme, as they termed it, looking upon an asylum as the only suitable refuge. However, upon a somewhat more open explanation, their reluctance at last gave way.

Upon an interview with the patient himself, I declared to him my conviction, that if he steadily adhered to my instructions, he would ultimately regain his health and strength. I then told him that I had ascertained the real cause of all his illness, and delicately hinted to him my suspicions of its nature. At this, however, he was

very indignant; protested most solemnly that he had never indulged in any practice of the sort; and denied that he had ever done anything calculated to induce a disease of this description. I urged, however, the unerring nature of my investigation, announced the appearance of the spermatozoa in his urine (a certain proof, as these animalcules are never seen in natural urine) and lastly, I contended that the stains observed on his linen, and the evidence of the presence of those animalcules in a mutilated state in the fluid of these stains; left no room whatever to doubt the nature and cause of the debility from which he was suffering. It was ultimately arranged that he should be placed under my care.

I adopted the treatment recommended in another part of this volume, which was attended with the most complete success. A discharge which invariably followed the emptying of the bladder, or the evacuation of the bowels, as well as the oozing from the urethra, after a short time began to give way, and ultimately disappeared. The general health greatly improved, and was completely restored in about five months, when he left town to resume his studies at Cambridge.

After the lapse of several months, this gentleman again consulted me, of his own accord, stating that some of the former symptoms had returned. The treatment previously pursued was adopted, but not with the same success; and at last I began to suspect that he was again pursuing his former habits. I now directed the *unguent. antimon. potassio-tartrat.* to be rubbed on the penis, till the usual eruption was brought out; the irritation so excited prevented any further indulgence, the part being so sore that he could scarcely endure the slightest touch. The use of the ointment, so as

to keep up the necessary irritation, was continued for about six weeks, during which period his general health greatly improved, the discharge from the urethra ceased, all the bad symptoms vanished, and his health remained completely re-established for a considerable time. Fearing, however, that he might again abandon himself to his former practices, I strongly advised marriage, observing that he would thus substitute a natural excitement for a ruinous indulgence. He fortunately followed this advice, and he now has a family, and is in excellent health.

This patient has since confessed to me, what nothing could induce him to admit before, that my view of the nature and cause of his disease was perfectly correct. That he so addicted himself to masturbation, that he found it utterly impossible to resist the temptation, though fully sensible and thoroughly convinced of the ruin which he was entailing upon his own constitution. He assured me that he more than once contemplated suicide.—This case is interesting, as showing the ascendancy which these habits sometimes acquire over the resolution.

The rubbing in of the *unguent. antim. potassio-tart.* upon the penis is one of the most effectual checks, and it is astonishing how the health improves while the irritation is kept up; but the great difficulty is to get the parties to persevere. They readily try the ointment at first, but it is difficult to induce them to repeat it.

When this disease has existed uncontrolled for several years, and the patients are advanced in life, many of the symptoms of apoplexy supervene; although upon a post mortem examination the brain may be found perfectly healthy. The following case occurred to me about nine years ago:—

In June, 1842, I was sent for to visit a gentleman residing in one of the northern counties of England, and who, it was supposed, was suffering from an affection of the brain. Coma, however, had set in before I arrived, and he died in a few hours after. From his medical attendant I received the following history:—

For two years before his death, the health of this patient, which had been declining for some time previous to that period, had given way rapidly, and was nearly broken up. He had a discharge from the urethra, which was much increased in quantity whenever he passed urine or a motion; there was total *anaphrodisia*; with a haggard, pale, and peculiar expression of countenance, which, with several other circumstances related, induced me to suspect the presence of the disease under consideration, and to look upon the affection of the head as a *secondary* and not the *primary* disorder. I cannot describe the condition of the brain, nor indeed of any other of the internal organs, as the friends would not upon any terms permit me to inspect the body; which, had they granted, I feel satisfied that the genito-urinary system would have presented the most marked morbid appearances. He had taken copaiba, cubebs, and a variety of diuretics and astringents, and he had also used injections for the urethral discharge, though without any benefit; for, as far as I could learn, the urethral irritation seemed to have engrossed all the therapeutical attention. But what I look upon as the most certain characteristic of his condition is, that having obtained a small quantity of the discharge from the urethra upon a glass slide, on placing it in the field of the microscope it was observed to contain spermatozoa. I unfortunately could not procure any of this patient's urine.

The influence of this disease upon the functions, and

probably the organic condition of the brain, is well attested. Nor is it the brain alone that becomes involved. Lallemand states, that it was from the number of patients who consulted him for supposed organic affections that his mind was more particularly directed to the study of these pollutions. Organic affections, however, at the commencement have not completely established themselves: they exist only in appearance, or as it were, in embryo; and if the nature of the disease were discovered in this stage, and the cause removed, the patients would not only regain their mental power, but the procreative system would be restored to its healthy and natural vigour.

Affections of the brain are not always of this character. Dr. Smith thus expresses himself:—"The constant association of sexual disorder, and more or less of generative incapacity with mental derangement, whether cause or effect, is a remarkable fact, and one which appears to me not generally known; yet, I will venture to say, that every insane individual, whether male or female, is at the same time also suffering from some sort of procreative disability, defect, or disorder, either impotency, sterility, or both, and the removal of the one affection would often seem to prove immediately curative of the other."*

Since former editions of this essay, several opportunities have been presented to me of examining minutely the condition of patients (inmates of asylums), suffering from various degrees and kinds of *mental* aberration. It is a very singular and remarkable fact, that the urine of a large majority of the males, on examination, was found to contain spermatozoons. This fact seems to prove an intimate connection between insanity and

* Smith's Miscellaneous Contributions.

spermatorrhœa, as I think will appear from the history of the following case.

A gentleman, who consulted me, gave the following account:—He had suffered repeatedly from attacks of gonorrhœa, which always proved most obstinate and difficult of cure. Upon each occasion, he invariably found it necessary to submit to medical treatment for five or six months, before the discharge from the urethra could be subdued. Upon several of these occasions, he suffered from swelled testicle, the last attack having produced a most irritable state of the bladder; compelling him to pass water much more frequently than when in health—sometimes seven or eight times in the course of the day, and he was continually obliged to get up during the night to void the urine, which generally deposited a whitish sediment, but occasionally left a reddish stain upon the utensil.

His general health was remarkably good, complexion florid, and his appearance in every respect healthy; but at last he became conscious of *involuntary emissions*. The constant desire to empty the bladder; the irregular and involuntary seminal discharges; the desire and power for sexual intercourse gradually declining, and the incapability of erection, induced him to consult some of the most eminent men in the profession; many of whom treated him as a hypochondriac, assuring him that all his symptoms were only imaginary, and that his recovery would be almost immediate, if he could but cease to brood over his visionary complaints. Others again directed sedatives and tonics, which relieved for a time, but no sooner were they discontinued, than the symptoms returned and were as bad, or even worse than ever.

At the time he became my patient, the general symptoms were much as detailed above. The urine,

however, I found remarkably pale; neutral, or even alkaline, specific gravity low, with a large quantity of epithelium, and occasionally pus globules. But the most remarkable property was, that on being allowed to subside, the sediment was found loaded with *spermatozoa*.

I introduced a sound to ascertain the state of the urethra, and found the prostatic portion painful and remarkably sensitive. The right testicle was in a state of complete atrophy, and so small as to be scarcely recognisable. Whenever he went to stool, he passed the seminal fluid in remarkably large quantities; and the slightest venereal excitement produced an emission, before erection or any gratification of the desire could be completed.

I prescribed sedatives to allay the irritation, and the mineral tonics to give tone to the sexual organs and the bladder; at the same time I strongly recommended the application of the cautery to the urethra: and to this at the moment he consented. I gave him, however, for the interval, a prescription, which, unfortunately for himself, he took for preparation to a surgeon who kept a shop, and who endeavoured, by every sort of misrepresentation, to excite his fears; and so alarmed him, that he objected to the cautery. I heard nothing more respecting his complaint, nor its progress, for he carefully avoided all allusion to it; and I felt no way disposed to introduce the subject.

In 1846, I was summoned rather unexpectedly by some of his friends, to report upon the state of his mind. A very short interview sufficed to render this unfortunate gentleman's unhappy situation quite apparent. His friends referred the obvious symptoms of insanity to a "matrimonial disappointment," the effects having been greatly aggravated by excessive indulgence in wine and other stimulants. His proceedings became

so extraordinary, that it was deemed necessary to place him under restraint; the medical gentleman to whose care he was committed, assuring his friends that quietude, depletion, and the withdrawal of stimulants, would speedily restore him to health. This, however, unfortunately, did not prove to be the case, and he was, in consequence, removed to what was considered a more healthy situation. The change of air, and beautiful scenery, effected a slight improvement, but only of short duration. I then proposed to call in Dr. Sutherland, whom I met in consultation. He, after a very careful examination, gave it as his opinion, that the patient was suffering from "softening of the brain," an opinion confirmed by the Commissioners of Lunacy, all gentlemen of the highest repute upon the treatment of insanity. Naturally influenced by such high authority, I hesitated to practise cauterization upon my own responsibility, especially as the cause of the disease was pronounced to be "softening of the brain." Dr. Sutherland prescribed alteratives, which were carefully administered under the superintendence of a very intelligent surgeon, the son of Mr. Birkett, proprietor of Northumberland House Asylum, where he had been placed, or, rather, to which he had been transferred.

At length, paralysis supervened; the general health declined, the patient became helpless, and, most fortunately, mentally imbecile, and, at last, expired, the victim of his remorseless malady. By permission of his friends, the body was submitted to anatomical examination, which was conducted in the presence of Mr. Birkett, jun., myself, and another professional gentleman.

The *brain* and *spinal marrow* having been sliced into the thinnest possible layers these were very

minutely examined by Mr. Birkett — an excellent and practised microscopical observer — and were found remarkably healthy, the heart, lungs, liver, and abdominal viscera, were free from all appearance of disease.

The bladder was unusually small and contracted, the muscular fibres, however, were well developed; the mucous coat highly injected, and of a rose-red colour, more especially about the sphincter and trigone. The prostate was greatly enlarged; the mucous membrane lining the prostatic portion of the urethra corrugated; and, when the gland was cut into, a muco-purulent matter exuded. The seminal ducts were patulous, and many of the hardness and consistence of cartilage. The testicles were not half the natural size, and of a pale and nearly bloodless appearance. The vesiculæ seminales were enlarged, but soft and flaccid, and when cut into, poured out a muco-purulent-looking matter.

On reading the above history, I presume it is only necessary to bestow a moment's reflection upon the morbid appearances, to refer the whole of the symptoms, and the unfortunate result of this case, to the unchecked derangements of the generative system. I by no means infer that the morbid conditions in the structures of this system, abstractedly considered, would account for either the paralysis, the insanity, or the fatal results; but we know that the generative functions exert such influences upon the nervous system, as to incapacitate the latter for the due performance of its functions in the human economy, and this without any *recognizable* change in its structural appearance. No change of any description, no morbid alteration of any kind whatever, could be detected in either the brain or spinal marrow; in fact, the most serious disorders of the functions in a large proportion of instances of severe nervous diseases, even

fatal ones, present phenomena of an equally negative character. It next becomes a matter of inquiry, whether, if the patient had been treated for spermatorrhœa, at a sufficiently early period, a different result might not have been fairly expected. I have seen so many similar cases followed by very different results, that I cannot divest myself of the belief, that had due tone been given to the genital organs in this case, a more favourable issue might have been the result. Be this as it may, the history has been faithfully detailed, and the facts clearly stated; it must therefore be left to the profession to form their own conclusions.

The seminal fluid is not an excrementitious secretion like the urine. It was never intended that all this fluid should be discharged from the system: in health, a portion is reabsorbed and taken back into the blood; which imparts that sprightliness and intelligence, that power of voice, that energy of muscle, that manliness of countenance and dignity of manner, and bestows that arduous vigour and noble daring, which brave and intelligent men always possess.

The contrast:—the condition of those suffering from pollutions is well described, and the picture well drawn, by an American writer. “Those,” says he, “who abandon themselves to practices learned at school, carry with them continually a consciousness of their defilement, and cherish a secret suspicion, that others look upon them as debased beings. They cannot meet the look of others, and especially of the female sex, with the modest boldness of conscious innocence and purity; but their eyes fall suddenly abashed, and the glow of mingled shame and confusion comes upon their cheeks. When they meet the glance of those with whom they are conversing, or in whose company they are, they feel

none of that confident and gallant spirit, and chaste delight in the presence of virtuous females, which stimulate young men to pursue the course of ennobling refinement, and mature them for the social relations and enjoyments of life; and hence, they are often inclined either to spurn entirely the society of females, or to seek such as are by no means calculated to elevate their views or improve their taste or morals."

I have during the last ten years met with a great number of remarkable cases of this description: one, a gentleman of family and fortune, married a woman on the town. He consulted me ten years after this unfortunate alliance; and, when cured, he endured the most agonizing misery and despair; for his taste and feelings, as is always the case, changed and kept pace with his returning health.

Another case, arising from the same cause, lately came under my review. One of my patients, and all his family, were plunged for some considerable time into the greatest consternation and alarm, in consequence of a near connexion having suddenly disappeared on the day appointed for his marriage. Information respecting him was at length obtained; and he was found, by the gentleman who introduced him to me, occupying a very inferior position. Although a gentleman by birth, fortune, and education, he had been labouring as a common porter for eighteen months. After the removal of the disease for which he consulted me, his natural happy disposition returned.

The want of self-respect, as justly observed by the writer I recently quoted, felt by these patients, disqualifies them for the ease and elegant courtesies which render young men interesting to the opposite sex, and, much *more frequently than is imagined*, prevents them forming

those honourable relations in life which are so much to be desired. They frequently become associated with parties beneath them in education and position, and are rendered miserable for life in consequence.

Spitting, and even vomiting of blood, is not an unusual symptom in patients who suffer from seminal discharges. I have found hæmoptysis to occur most frequently amongst Oxford and Cambridge men; and I have been often consulted in consequence of a supposed chest affection. This alarming symptom is frequently superinduced by some mental or bodily exertion. The excitement occasioned by a first examination, or a boat race, has often brought it on. The heart being rendered irritable by the spermatic discharges, the blood is sent with greater force through the lungs, and they having partaken of the general debility, the sudden distension of the vessels causes the artery to give way, and the blood is often evacuated with great force through the nostrils as well as the mouth. These attacks are generally preceded by extreme pallor of the lips,—the gums, at the same time, being pale and bloodless.

Another and constant symptom of spermatorrhœa is, the decline of the intellectual powers. There is a great desire to change from one subject to another; and it is not without considerable difficulty that the mind can be brought to bear for any length of time upon one point. Continued application becomes irksome, and, indeed, almost impossible: the mental powers imperceptibly decline, the memory fails, and the patient, becoming irresolute, gives up in despair. He feels his mental powers unequal to their task, the perceptions are obtuse, there is a want of clear, distinct, consecutive reasoning, and the promising youth of nineteen is frequently found at four and twenty far below mediocrity.

I am sometimes consulted by such patients, not from any desire of becoming husbands or fathers,—nor do they even express any wish that the virile powers should be restored (for they have given up all hopes upon that subject): all they seek or desire is, to be able to collect their thoughts that they may be enabled to perform the ordinary duties of life. But in effecting the one, the other follows as a necessary consequence.

CAUSES OF SPERMATORRHŒA.

THE causes of Spermatorrhœa are various, and frequently escape the observation of the practitioner. An interesting case of this description lately came under my observation. The gentleman had suffered for many years from severe palpitation of the heart, dull obtuse pain in the head, impaired vision, accompanied with excessive nervous trepidation, and many other symptoms of inveterate Spermatorrhœa. The nervous symptoms increased so much, that he was obliged to give up a very important and lucrative official situation. He informed me that he had consulted some of the first physicians and surgeons in London; and had taken during the last four years a great deal of medicine, without deriving any benefit. He also said that for some months previous to his applying to me, he had abandoned all his prescriptions, from the belief that tonics made him worse.

The examination of the urine, from the quantity of spermatozoa it contained, convinced me that he was suffering acutely from spermatorrhœa; but I was for some time at a loss to discover the cause of so formidable a state of things. At length he informed me that he was one of the Queen's Messengers, and that occasionally he was obliged to travel for several days and nights consecutively, during which time he had no convenient opportunity to empty his bowels. It now became apparent that the seminal discharges had been induced by severe constipation.

The discharges were arrested, and he was recommended

to use daily an enema of cold water, and by this means command an evacuation (when it was convenient to relieve the bowels) and thus prevent a relapse.

This gentleman has now resumed his official duties; and his general health during the last four months has improved so much, as to far exceed my most sanguine expectations.

Constipation of the bowels is a very frequent cause of spermatorrhœa. I shall, however, for obvious reasons, forbear mentioning the number of cases that have come under my care, in which the exhibition of astringent medicines had greatly aggravated the disorder for the cure of which they were prescribed.

The variety of cases of this description, which have come under my review, are, in some degree, to be referred to the nostrums which are sold for the speedy and effectual cure of spermatorrhœa, being composed principally (as I have ascertained by analysis) of the tincture of muriate of iron. There are other medicines, such as cantharides, nitrate of potass, seidlitz powders, etc., which, by the irritation they never fail to occasion, when the parts are weak and irritable, considerably increase, and often produce the disease under consideration.

Drastic purgatives, such as aloes, colocynth, scammony, etc., by acting specially upon the lower bowel, very often increase the spermatic discharges to a fearful extent. Ascarides, in a similar way, produce the disorder. Some years ago, I met with an instructive case of this kind, which had been treated for a long time as one of epilepsy. The patient was a young gentleman, twenty-two years of age, and the history he gave was as follows:—

He enjoyed good health until he was seventeen, when *one day having gone out shooting with some of his companions, in getting over a fence his gun went off,*

and the discharge nearly proved fatal to one of his associates. Agitated at the danger his friend had incurred; the effect produced was so great that he fainted; and from that period to the time when I saw him, he was subject to what were supposed to be epileptic fits.

During one of these attacks he had a copious emission, which continued to recur whenever he had a fit, till after his nineteenth year, which so far interfered with his general health as to render it necessary, on the part of his friends, to send him to town, to be put under treatment for spermatorrhœa. During the time he was under my professional care, I observed that he frequently scratched himself about the anus. This led me to inquire whether he had ever seen any small white thread-like worms pass away with his motions. He replied, that he had. Upon the exhibition of a brisk purgative of jalap and calomel, followed by an enema of salt and water, he passed by stool what he regarded as a large substance, which he brought for my inspection, and which I found to be composed principally of innumerable small worms. After this his health rapidly improved, and in a short time he left town perfectly well, and the fits have entirely disappeared.

Piles often cause spermatorrhœa by the irritation they produce in the rectum, which extends to the bladder, vesiculæ seminales, and prostate. Stricture in the urethra is occasionally a cause of impotency; but, as will be shewn in another part of this volume, it is not so frequently a cause of seminal discharges as is imagined.

Tobacco, I have every reason to believe, produces partial or complete impotency, if its immoderate use be indulged in. Some years ago I was led to imagine, that the abuse of this article exerted a very injurious influence upon the generative system. A gentleman informed me, that

he came to London when at the age of twenty-two. Up to this period he had always enjoyed excellent health, and his sexual desires were remarkably strong. He had two healthy children before his twenty-sixth year; and had been engaged in the tobacco trade and the manufacture of cigars for more than fifteen years, during the greater part of which period he had habituated himself not only to smoking, but also to chewing tobacco. When he consulted me, although in all other respects quite healthy, he was entirely impotent.

I have met with a number of cases of a somewhat similar description, and have found them all both troublesome to manage and difficult to cure. The difficulty arises principally from the almost utter impossibility of inducing such patients to abandon those habits which form the substantial cause of their disorder, notwithstanding the endeavour to impress upon them the extent of mischief which must ultimately follow the long-continued and habitual use of tobacco. The testicles, in many of the cases which have come under my care, have been greatly reduced in size.

Warm climates, and over-heated rooms, have great influence in predisposing patients to this disease. Thus persons who are obliged to do their work in heated apartments, as glass-blowers, bakers, etc., are especially liable.

High-seasoned food, wine, and other stimulants, and sleeping on soft downy beds, prove fertile sources of seminal emissions. Parents would do well to weigh the consequences before exposing their sons and daughters to such enervating causes. Indeed, I could adduce many very painful and distressing instances of early depravity *resulting from such sources*; but, as the histories might

possibly prove painful to some, I shall dismiss the subject without farther comment.

I have known many instances of young men having excited nocturnal pollutions by excesses in drinking stout, "half and half," and gin and water, before retiring to bed. The consequence is over-distension of the bladder, causing irritation, which is extended by the mechanical compression upon the vesiculæ seminales. This excites irritation and seminal discharges, with their consequences.

Gonorrhœa frequently proves a cause of seminal pollutions, and some of the worst cases to be met with are often found to originate from repeated, neglected, and long-standing claps. After the inflammatory action has subsided, the ducts are left patulous and passive. Since previous editions of this volume, I have met with numerous cases distinctly traceable to this cause. Some of these patients experienced diurnal pollutions after the first gonorrhœa; others did not suffer till after repeated attacks. They all at first complained of a sense of fulness, pain and heat at the neck of the bladder, attended with straining and spasm, which often forced away a considerable quantity of a thick, sticky matter, along with the last drops of the urine. Very shortly after this, they noticed that the desire for sexual intercourse diminished. A thick cloud was observed to be deposited by the urine after it had been allowed to stand for some time. The patients complained of what they termed an "obstinate gleet," most apparent in the morning, and greatly increased after a hard stool. This annoyance had baffled the skill of their surgeons; and, notwithstanding the numerous remedies tried for their relief, it still continued, and it was for this disorder they applied to me.

Upon examination, the discharge from the urethra in

most of these cases, was found to contain spermatozoa. The disorder was speedily removed by preventing the escape of the seminal fluid, and the desire for sexual intercourse returned. I have met with numbers of cases somewhat similar; but as certain of them had indulged in masturbation, it is impossible to decide how far the symptoms were attributable to gonorrhœa,—how far to masturbation.

Venereal attacks act not only upon the system generally, but also upon the procreative organs. In some instances, perhaps, the remedies employed in their cure may have a marked influence, and such effects have been, and perhaps not incorrectly, attributed to a too free use of mercury. Sometimes the disease is not eradicated, but lies dormant, and may re-appear after its effects in producing genital debility have manifested themselves, as illustrated by the following case:—

A gentleman, who consulted me, gave the following history:—He contracted syphilis, and then suffered severely from orchitis. He could not positively state whether or not mercury had been given for the primary sore. However he soon recovered, and went into the country. In about three months after his arrival at home, an eruption made its appearance upon the chest, which extended to the face, head, neck, and from thence rapidly spread all over the body. For this he consulted a gentleman practising in the village where he resided, who recommended an ointment to be applied to the spots, and some purging pills to be taken occasionally at bed-time. Under this treatment the disease somewhat improved for a short time, but he soon relapsed, and got worse. He then consulted several other surgeons, but without any permanent benefit. A physician being at length applied to, directed the external application of zinc ointment;

internally aloetic purges, and the vegetable tonics, with an occasional resort to blue pill and a black draught. This treatment he continued for about eighteen months; but the disease, notwithstanding, gradually advanced, the throat becoming deeply ulcerated, the ulceration extending itself to the nose, tongue, and different parts of the body. There was a continual discharge from the urethra; and all desire, as well as capability, for sexual gratification were completely lost. In this state he was prevailed upon by a friend living in London to come up to town, and on the 30th of November, 1842, I first saw him.

Upon examination of the fauces, I found the tongue and throat deeply ulcerated, and the nose in the same state; copper-coloured blotches all over the body; a constant running from the urethra; the testicles atrophied, soft, and pendulous; the epididymis in each indurated and somewhat knotty; urine remarkably pale, large in quantity, and of low specific gravity (1·010), not coagulable by heat assisted by nitric acid. The sexual appetite entirely gone, with a total inability for such indulgence; the spirits much depressed; the mental faculties impaired; pale, sallow complexion; violent palpitation of the heart; disturbed and sleepless nights (he had not had a sound sleep for months); severe nocturnal pains, and apparently a complete break-up of the constitution.

The treatment adopted in this instance, was the administration of the potassii iodidum, with the decoction of sarsæ, to be taken three times a day; the hydrargyrum cum creta and Dover's powder at bed-time. Under this treatment the general health soon improved; the nocturnal pains were relieved, and sleep procured.

But, notwithstanding these signs of amelioration, the

ulceration of the throat, and the eruption on the skin, continued, and were little, if at all, benefited, although the treatment had been steadily pursued for a considerable time. I now substituted the iodide of mercury for that of potassium, which he took three times a day. The ulceration of the throat and the eruption on the skin rapidly diminished under the use of the mercurial iodide; but I could not persevere, as I was obliged to discontinue it, in consequence of the severe purging it caused. I therefore resorted to mercurial frictions, and restricted the internal means to the pulvis ipecacuanhæ compositus. The mucous irritation subsided, but the patient was reduced to a fearful state of debility, and his friends became greatly alarmed, fearful that he could not survive many weeks. In this emergency he was advised to abandon my plan of treatment, and place himself under the care of some obscure person living on Ludgate Hill, whom he consulted without acquainting me, and was told by him, "that his disease had been mistaken, and consequently maltreated: that *he*, if he placed himself under *his* care, would cure him in a fortnight." The gentleman, in consequence, called upon me to say, that he should no longer require my attendance; upon which occasion, I first discovered exactly how the matter stood.

Upon a proper explanation, my suggestion to call upon Sir Benjamin Brodie for his opinion and advice, was agreed to, and ultimately adopted. Sir Benjamin pronounced the case "*a very bad one of secondary syphilis, somewhat modified by treatment;*" fully approved of the plan I had pursued; directed the mercurial frictions to be continued; the Dover's powders at bed-time; and what proved to me highly flattering, told the patient *that "nothing better could be done for him."*

Confidence being thus re-established, the patient persevered in the mercurial frictions, till the ulcerations in the throat had completely disappeared. He was now put upon sarsaparilla and a course of tonics, by which his general health improved rapidly; the venereal appetite returned, and became so strong, that he could not resist indulging it, notwithstanding the full recollection of how dearly he paid for his former imprudence.

Sometime afterwards, this gentleman again came under my care, suffering from gonorrhœa. Having relieved him, and being apprehensive of the serious consequences of further exposure to temptation, I advised him to return home into the country. I saw him some considerable time afterwards, when he told me, he had never experienced a moment's illness after he left London.

Irritation from phymosis sometimes proves a cause of spermatorrhœa, as shown in the following history:—

A young man consulted me, in consequence of nightly emissions, which recently had become so frequent, that they caused confusion in the head, and forgetfulness; the memory becoming so bad, that he could not remember what it was absolutely necessary for him to recollect for the purposes of the ordinary business of the day. The consequence was, his dismissal from his situation. He also suffered from symptoms similar to those already so often detailed.

I discovered that he had suffered from a very severe attack of gonorrhœa; which, after a period of many months, so far yielded to the treatment, that the discharge was suppressed. The foreskin, however, in consequence of previous excessive inflammation, could not be drawn back over the glans. I at once recommended

the prepuce to be divided. When it retracted, and exposed the glans, there appeared a large quantity of cheesy-looking substance emitting a very disagreeable smell, and which had occasioned a great deal of inconvenience by the irritation it caused. I directed a lotion, consisting of solution of sulphate of zinc with tincture of opium, under which the patient very speedily recovered.

I have occasionally been consulted by patients who have never had sexual intercourse; and, upon examination, I have found phymosis present. In such instances, the testicles are remarkably small, and the penis very imperfectly developed. It is surprising to observe how, immediately after the operation for phymosis, and the patients have yielded to sexual desire, the genital organs develop themselves, and assume their natural and healthy appearance. Lallemand mentions the case of a patient, who, though married upwards of five years, had never been able, in consequence of phymosis, to consummate his marriage. In this case, various plans of treatment had been adopted and pursued but without effect. The patient then consulted the professor, who treated the case in the manner described above; and the result was, a complete cure in a very few days.

Injuries to the back part of the brain frequently cause partial or complete impotency. To the cerebellum has been assigned the seat of sexual desire. If injuries of this part of the cerebral mass can induce incapacity in the procreative functions, there is no difficulty in comprehending how organic lesions, hereditary or acquired, may lead to the same results. In such cases, if the cerebellum be examined, it will often be found in a diseased state, indeed sufficiently so to account for the generative inability. I have seen one remarkable case of this

description, the general particulars of which are all that I can relate.

I am indebted to a gentleman, in extensive general practice for the opportunity of watching the following case, clearly demonstrating the connection between the testicles and cerebellum. A porter, in a wholesale grocer's establishment, was engaged in arranging some goods close to the handle of a crane. At the time a heavy weight was attached to the crane, which was locked or fixed; but by some accident the handle got loose, and revolved with immense velocity. In one of its revolutions it struck the unfortunate man on the lower part of the head, over the region of the lobes of the cerebellum. He was stunned by the blow, and remained insensible. By stimulants he was restored to a state of *temporary* sensibility. He soon, however, became convulsed, and remained insensible for ten days, notwithstanding the most active treatment. There was great difficulty in getting down a small quantity of beef-tea, to keep him alive. The bladder could not expel the urine, and it became necessary to draw it off daily with the catheter. Ultimately his mental powers were restored, and he was greatly astonished to find that the testicles at the same time had become completely atrophied, or, as he expressed it, "withered away to nothing!" Alterative medicines having been administered, and the mouth having become tender, we were agreeably surprised on observing that the testes gradually resumed their natural appearance, and recovered their tone. I have had opportunities of seeing this patient once or twice since, and I learned that his recovery has been complete.

Irritation of the cerebellum often proves a cause of pollutions. This condition of the cerebellum is generally attended with a foul tongue, and very irritable state of

the stomach; producing great sickness, and many of the symptoms already noticed. Patients suffering under such circumstances, are constantly indulging in lascivious thoughts. They picture to themselves all kinds of obscene and disgusting ideas. A patient, who came a very long journey from the country to consult me, in consequence of suffering in this manner, stated, that every female he met excited sensual emotions, which increased to such a degree, that he was fearful of trusting himself alone, even in the presence of an old and faithful female domestic. With the view of diverting his attention, he applied himself most diligently to abstruse subjects. He read some of the most pious works, in the hope of altering the condition of his mind, and changing the current of his thoughts. But all failed to exert the slightest influence upon his disordered imagination; or his propensity to dwell upon, and brood over, those painful emotions. All was in vain.

He complained of feelings of heat, and tightness in the back part of his head, in the region of the cerebellum, which were much increased whenever he yielded to the morbid train of thought, to which he felt so irresistibly disposed. I have met with several similar cases, but not of so much severity. They are relieved most speedily and effectually, by local bleeding; cold applications to the back of the head, in the region of the cerebellum; and attending to the secretions. This plan I adopted in the present case, by which the patient was very much relieved, and to his surprise, as the cerebellar irritation subsided, his health was restored, and his recovery complete.

Persons in the above condition are often tempted to give way to certain propensities, especially while under the influence of a paroxysm of cerebellar irritation,

Thus I have known some, who, at times, felt the greatest inclination to commit a rape, should an opportunity present. One was inclined to precipitate himself from a window, or down a precipice; another to throw himself on a railway; not, as they have declared, from any desire to destroy themselves, but impelled, as it were, by some unaccountable agency. A few have acknowledged, with the most intense feelings of distress, a propensity or desire for indulgences of a most unnatural and disgusting nature, which I shall not more particularly specify.

Excessive indulgence in sexual intercourse is another important cause of spermatorrhœa. It is sometimes difficult to define excessive indulgence; what would be the height of excess in one person, might prove but moderate excitement to another. Celsus tells us that the sexual appetite ought to be indulged, but in moderation. Moderate it invigorates the body, but in excess, it relaxes it: his words are—"Concubitus vero neque nimis concupiscendus, neque nimis pertimescendus est, rarus corpus excitat; frequens, solvit."* But he further tells us, that excess does not depend upon repetition or frequency, but upon the state of the constitution. "Cum autem," he observes, "frequens non numero, sit, sed natura, ratione status, et corporis, scire licet, eum non inutilem esse, quem corporis, neque languor, neque dolor sequitur."†

I must confess, however, that I regard excess as consisting more in the circumstances of a very promiscuous intercourse, than in what abstractedly might be considered such. A promiscuous intercourse debilitates much more effectually than fidelity to one and the same person, however frequent the gratification. We know, that with the

* Cels. de Medicina, lib. 1, cap. i.

† Ibid.

other sex, barrenness (or if fertility exists, that it remains dormant and inactive), is the almost inseparable concomitant of promiscuous indulgence. Hence we find that women of a certain class seldom conceive. Even young females who engage, at their first outset, in general and unrestricted prostitution, prove sterile during the period of indulgence; yet there is reason to believe that in these cases the procreative faculty is rather suspended than destroyed. Indeed, we know that in many cases this is the fact, as we often find these women get married, and, becoming more continent or faithful to one individual, have healthy children, and even large families.

Induration of the epididymis frequently causes impotency, and, as will be seen hereafter, often eludes the vigilance of the medical attendant.

Another cause of spermatorrhœa, which has often come under my notice, occurs amongst patients engaged in scientific and literary pursuits. Intense application of the mind I have known to produce most obstinate spermatorrhœa. I have no doubt that Sir Astley Cooper, when he drew the following picture, had in contemplation cases of this sort. He says:—"To such a Venus might display her charms, and on such her son might exhaust his quiver in vain. No genial spring is here, no blooming summer or fertile autumn; but all is winter, a dreary, desolate, and barren winter, in which the springs of life are frozen up, and the animal propensities destroyed."

I am not surprised that Sir Astley should have come to such a conclusion, when it is considered, that at the time he gave birth to the above elegant and poetical effusion, the subject under consideration had received but little attention. Indeed, cases of this sort are found, even in the present day, very difficult to cure.

Since previous editions of this work, I have treated a great many chamber barristers, suffering under the influence of these causes; and it was while so engaged, that I accidentally discovered why these cases are subject to such constant relapses.

On visiting a gentleman, at his chambers, who had been repeatedly under my care, I observed that he sat in a stuffed, soft arm-chair, in which he remained, with but little interruption, frequently from ten in the morning till eleven or twelve at night. Here, also, while conversing with his friends, or talking to persons upon business, he used to stand up and turn his back to the fire, by which he kept up an unnatural heat about the parts. I suggested that he should sit on a cane bottomed chair, constructed so as to allow free ventilation, and to keep from the fire as much as possible. It was surprising how much these simple means assisted in the successful treatment of the case.

There are other causes of impotency, some of a physical character, to which I do not mean here to refer: some, perhaps, more imaginary than real; old age for instance. It might be questioned, if impotency ever depends upon this cause. Instances are not wanting of men very far advanced in years who have married young women, and have had large families. Therefore it may be presumed that old men are sterile from disease rather than decay.

But perhaps no cause is more fertile, or more hurtful in its consequences, than masturbation. This practice prevails amongst persons of all ages; and I feel satisfied, from very extensive observation, that it is generally commenced in early life, when at school; that it is acquired from example, and practised to a considerable extent, without the patient having the slightest idea that it is either improper or injurious. Indeed, I have been

informed by intelligent and honourable men, who could have no object in deceiving me, that they had been taught to consider the practice a manly habit. If such impressions were prevented in early life, and the injurious consequences made known, much misery would be avoided.

Few persons who have not specially directed their attention to the subject, would credit the ascendancy which this habit frequently gains over the most masterly minds. This fertile cause of spermatorrhœa, when brought into action in early life, even though subsequently discontinued, often leaves the ducts in a patulous state, and which no subsequent regularity in living, nor attention to health will entirely remove, until by direct and immediate applications, the ducts have been restored to their healthy state; such patients will feel more or less weak in these parts, till the cause has been suppressed.

I wish to direct special attention to this subject; for it is a point upon which many erroneous impressions prevail; and a great deal of misery has been entailed upon many patients who have come under my care, as well as upon those more closely associated with them, in consequence of listening to recommendations to marry. Not feeling ill in health, and their attention not being directed to the parts more seriously affected, the disorder being one of a delicate nature, and not much understood, such patients are not only misled by others, but also frequently mislead themselves.

Lallemand justly observes, that patients of this class are often misled as to the cause of their want of sexual power. He mentions a case in which his patient imagined it to arise at one time from disgust occasioned by a prostitute; at another, from the great respect he entertained for his mistress; and, on another occasion, he attributed it

to his having eaten and drank too much. The patient referred to in this case came to Lallemand to consult him for an affection of the chest, and promised that he would return to Montpellier to place himself under his care, to be cured of the disease which was the real cause of all his sufferings. He did not, however, fulfil his promise; and the professor learned from an elder brother, who consulted him for a similar affection, that his former patient had become so ill, as to render him unable to undertake the journey; and he died at the expiration of three months. These patients, Lallemand observes, resembled each other not only morally but physically. The younger one died from the disease being neglected, the other was perfectly cured.

DETECTION OF SPERMATORRHOEA.

THE means which we adopt in order to distinguish one disease from another constitute what is termed diagnosis. The affection we are now considering is not readily distinguished from numerous others, that are secondary, with which it is frequently complicated, and which it has mainly contributed to induce; and were we to depend solely upon the constitutional symptoms, our attention would never be directed to the true seat of the disease. It is true, that if we suspect the nature of the disorder, we may be inclined to examine the testicle, which often presents such obvious characters as precludes the possibility of mistake. Thus the withered condition, the indurated epididymis, and the care-worn and haggard appearance, are too striking to be wholly overlooked. But unless persons are thoroughly acquainted with these characteristics, they may probably be attributed to something else, and the true cause overlooked.

There is one thing, however, which seems to be a very constant attendant, viz., a slight and almost imperceptible discharge from the urethra. I have always found, in bad cases, that the patient suffers from a sort of incessant oozing from this part, and that on talking to a female, or when in the society of women, such persons experience a kind of pleasurable sensation, and an involuntary emission succeeds. The following case, for the particulars of which I am indebted to my friend and colleague, Dr. Venables, who kindly obliged me with specimens of the urine, will illustrate the matter:—

A gentleman, on the point of marriage, stated that he

laboured under a weeping from the urethra ; which was not very troublesome, but occasionally the discharge was more profuse. Sometimes the only evidence was a few stains observed upon his linen, as if from the white of egg. But when in company with ladies, more especially if engaged in conversation with, or sitting next to them (if only at dinner), he experienced an uncontrollable erection, which was attended with a pleasurable sensation, speedily followed by an involuntary discharge.

The urine, in this case, was increased in quantity, about six or seven pints in the course of the day, specific gravity fluctuating between 1·025 and 1·028 ; of a deepish colour, and loaded with urea. He was now taxed with masturbation,* and, in the confusion of the moment, admitted the fact, but afterwards denied it, alleging that he did not understand the meaning of the word. But on examining the urine, and likewise the discharge, in the manner hereafter described, zoosperms were discovered ; he then confessed the whole truth, and gave the following account of himself :—

When at a boarding school, in the early part of his youth, he was initiated into this vice by some of his fellow-students. After leaving the school he became religiously disposed, and strictly avoided all sexual intercourse, but could not resist the impulse which he felt to indulge in the habit which he had contracted while at school.

Persons, who have unfortunately acquired this habit,

* Dr. Venables has informed me, that an excess of urea existing in the urine is, under particular circumstances, an evidence of indulgence in this pernicious practice ; and that he has often extorted an admission by abruptly making the charge, without allowing time for consideration. I can only say, my own observations have fully confirmed the correctness of these views, which, I believe, were first noticed by Froust.

suffer not only in body but in mind. "The condition of these persons," says Curling, "is melancholy enough. Aware of the abhorrence with which their practices are regarded, they hesitate to consult the regular practitioner, and fly for relief to ignorant, but artful quacks, by whom their resources are drained, for which they only meet in return with bitter disappointment. Such is the heavy penalty often paid by man for gross indulgence in sensuality — a degraded nature and a ruined constitution, embittering the best days of his existence, and sometimes leading to insanity or suicide." *

Seminal discharges are frequently mistaken for gleet, an error into which we may easily be betrayed, from a review of the patient's former habits; many having suffered repeated attacks of syphilis or of gonorrhœa, and now, as it were, undergoing all the consequences. Hence gleet naturally offers itself as the explanation of any discharge from the urethra under such circumstances.

It must therefore be apparent, that it is a matter of the greatest importance to be able to distinguish between the seminal secretion, and the various discharges with which it may be confounded, as each requires a different mode of treatment. It is to the microscope that we are indebted for enabling us clearly and unequivocally to discriminate between gonorrhœa, syphilis, and spermatorrhœa. These different discharges are shewn in Plate III.

As I have already stated, when enumerating the symptoms, where spermatorrhœa has existed for a considerable time, the seminal fluid becomes thin and watery. I have given a diagram at page 20, showing the appearance of the spermatozoa broken down.

* On the Diseases of the Testis, pp. 410, 411.



Explanation of the Plate.

A, C, and D, represent the appearance of the discharges in spermatorrhœa, gonorrhœa, and syphilis. The dotted lines on each side of F point to the seminal ducts,

When the spermatozoa are mutilated, and mixed with other secretions, they are very difficult to detect, at least by medical men unaccustomed to enter upon such investigation, as will be readily seen from the following history:—

A surgeon of considerable attainments applied to me, in consequence of suffering severely from a nervous affection. He at once informed me, that he had every reason to believe his ill health was occasioned by diurnal pollutions; and, to satisfy himself upon the point, had repeatedly examined his urine, but invariably failed to discover any spermatozoa. He had also consulted three surgeons of high repute, who assured him that his urine was perfectly healthy. The general symptoms and appearance of this patient led me to believe, that he was suffering from spermatorrhœa; and, after examining several specimens of the urine, I succeeded in discovering broken down spermatozoa in abundance.

It often happens in cases similar to the one just mentioned, and in which the seminal ducts are unusually dilated, that they permit the escape of the spermatic secretion immediately it is formed, leaving but little to accumulate in the vesiculæ seminales, the natural reservoirs of the semen. There is, in consequence, great irritability of the bladder, compelling the patient frequently to pass water. Hence it happens that many specimens of urine, under such circumstances, may be examined, without the presence of the seminal fluid being discovered. In such cases, I direct a sedative to be taken at bed-time, which relieves the desire to pass urine so frequently, and request the patient to call early on the following day, so that the first urine passed may be collected, and, when spermatorrhœa is present, I never fail, by adopting these means, to discover diurnal pollutions.

But the spermatozoa are not so readily discoverable, as some medical men imagine. Although I possess microscopes made by the first makers in London — perhaps in the world — I am frequently engaged for several hours in examining the urine, in such cases, before I can ascertain all that is necessary to enable me to proceed with the treatment. This difficulty arises from several causes: in the first place, the spermatic discharge is found constantly mixed with other secretions — urinary deposits — as, oxalate of lime, lithic acid, lithate of ammonia, epithelium, blood, mucus, pus, etc.

If the patient should be suffering from any affection of the prostate gland, bladder, or urethra, he should be required to pass urine intended for examination into two separate glasses. The urine first voided will wash away any accumulation from the prostate gland, and mucous membrane lining the urethra. The last drops, as well as the urine passed into the second glass, should be collected and carefully examined. The last drops will generally be found to contain the largest amount of seminal fluid; which is owing to the pressure upon the vesiculæ seminales exerted by the bladder spasmodically contracting to empty itself. The seminal vesicles thus become compressed and emptied of their fluid.

The seminal discharges, which occur while passing urine, are not only most obstinate and difficult of cure, but give rise to very distressing constitutional derangements. This is caused by the frequency of their recurrence, and it is, therefore, of the greatest importance that they should be discovered, and their nature clearly understood.

But in spite of the most ample instructions that could be given for their guidance, those unaccustomed to microscopic manipulations, must experience great difficulty, and frequent disappointment, when the seminal secretions

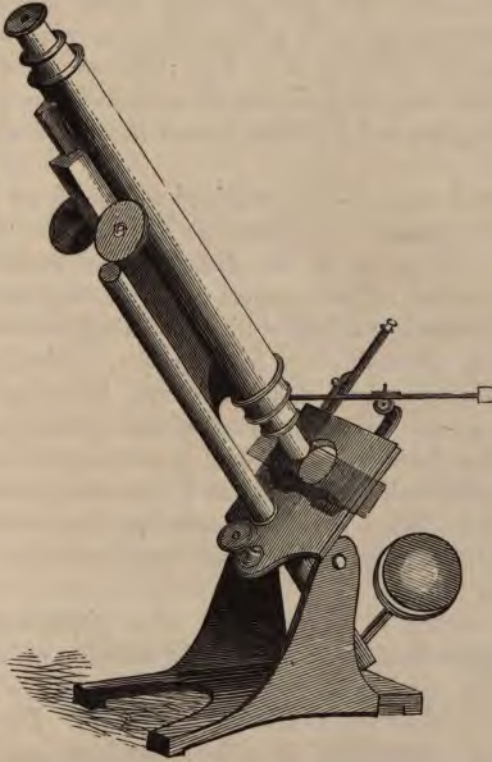
are unhealthy; for the spermatozoa are then not only *much decreased in size*, but are *invariably mutilated, their tails being broken off*.

When, in consequence of circumstances, it becomes absolutely necessary to entrust to the patients themselves the collection of the specimens for microscopic examination, they generally overload the slide, and do not press the thin covering with sufficient force upon it, so as to expel all the air bubbles, and properly extend the specimen to facilitate its examination. In consequence of these defects, the object is either hid from view, or it presents a confused and unsatisfactory appearance. A drop of water placed along the edge of the thin slip, by insinuating itself between the contiguous surfaces, will sometimes remedy the defect, and render the objects distinct.

Again, the refractive power of the liquor seminis, the fluid in which the spermatozoa exist, is very nearly the same as that of the spermatozoa themselves; and their tails, in consequence, are frequently traversed by the light, and so not brought properly into view. Thus they often present a more unhealthy appearance, than in reality they possess. This, however, is easily obviated, by placing the slide upon a sand bath, so as to evaporate a portion of the fluid by a gentle heat; the tails will then become distinctly visible.

A proper light not only assists, but is absolutely essential to, the clear and perfect discrimination of the spermatozoa. If this be not attended to, the seminal fluid, though present in the urine, will be frequently overlooked; and the very worst cases of spermatorrhœa may in consequence escape detection. The best light for this minute examination is that from a white cloud transmitted through a window glazed with pure plate glass,

and the slide upon which the specimen is collected should be free from the striæ which common window-glass is mostly found to contain. What is called crown glass is the most suited for this purpose.



The best microscopes are so complicated in their construction, as to prevent gentlemen, not familiar with their different parts and movements, from effectually examining the specimens which present themselves to

their notice. The wood-cut annexed, shewing the simplest and least complicated instrument, and, of course, that best suited for the beginner, will give some idea of its nature and construction. It is adapted to carry every power,—deep as well as shallow. The quarter, and even the half-inch object glasses, shew the spermatozoa with perfect clearness, when they are in health, and perfect in form; *but when the seminal secretions are abnormal, and the animalcules mutilated, an eighth of an inch objective becomes then absolutely necessary.*

The description here subjoined will be of use to those who are anxious to become acquainted with the diagnostic characters of the disease under consideration. The seminal animalcules consist of an elliptical head or body, formed by a dark outline, enclosing the transparent portion. In some there is an opaque, or black spot, in the transparent part about its centre. From the head or body a long tail projects, sometimes perfectly straight, at other times waved, depending on the position which the animalcules had taken at the moment vitality was arrested. When living they are in active motion; and when seen under these circumstances can never be mistaken.

According to Wagner and other physiologists, the spermatic fluid secreted by the testicles of all male animals, capable of impregnating the female, is of a whitish colour and of a thick consistence. For microscopical examination it is best obtained, and in the greatest purity, from either the epididymis or the vas deferens. The sooner it is transferred to the field of the microscope the better. When the examination is intended to be of the most perfect kind, an animal recently killed should be selected, or the human subject

when recent, and before the seminal fluid can have undergone any material alteration.

A drop or so should be taken from the parts already mentioned, and placed upon a slide of plate glass, three inches in length and one in width. The fluid should be spread out delicately by pressing upon it firmly a piece of very thin glass made for the purpose, in order to extend the surface and separate the spermatozoa; otherwise they are so numerous and crowded, that anything like a distinct or perfect view will be impossible. A slide, prepared as above, and brought into view in the field of an *achromatic* microscope, with a magnifying power of four hundred diameters, the following phenomena display themselves:—

A multitude of very minute bodies of the form already described, closely connected together, and more or less in active motion, is observed; for, however firmly pressed the covering may be, there is always sufficient space to allow of their movements. On more attentive inspection, minute, round, granular bodies, less numerous than the spermatozoa, are readily seen. These are named by Wagner, *granula seminis*—the seminal granules. Both these elements of the semen are suspended in a clear, transparent, and perfectly homogeneous fluid, called the *liquor seminis*.

In the following diagram the form and general appearance of the spermatozoa in man, and some other animals are given.

When a drop of thickish semen, taken from the vas deferens, properly spread out upon a slide, is transferred to the stage of the microscope, and the semen employed possesses the full proportion of vitality, it often happens that nothing more than a general intestine kind of disturbance can be observed. It would seem as if the

masses of spermatozoa were engaged in a universal struggle to disentangle themselves from each other in the viscid fluid. If a minute portion of serum be now added to the drop of semen, the motions become much more lively and obvious. In some cases



Explanation of the Plate.

- | | |
|---|------------------|
| 1. The spermatozoa in semen of the human subject. | 3. In the mouse. |
| 2. The form of these animalcules in the dog. | 4. In the bear. |
| 5. In the rabbit. | |

The round bodies in figure 1 are the "granula seminis," or seminal granules of Wagner.

this happens suddenly, in others more gradually. Individual animalcules are seen to shake themselves once or twice, turn on their axis, strike out with their tails, toss up their heads, and then dart in all directions across the field of the instrument. These movements, at first confined to a single spermatozoon, gradually extend to others, till numbers in succession are involved. Here and there a whole cluster seem to arouse themselves simultaneously from their torpor; in other instances, one or two contiguous ones of a mass seem to put themselves in motion, while the others will remain dormant during the whole time of the observation. But there is great variety in all the phenomena, which baffles every attempt at description.

"Hours, and even days, after the sexual congress,

the spermatozoa, still retaining their usual activity, have been found in the mucus of the vagina and uterus. They continue active in the urine, but for a much shorter period. Occasionally the motions suddenly cease, the animalcules dart about for a few times, and then become perfectly quiescent. Often they seem affected with spasmodic, or convulsive-like motions, more speedily induced by the admixture of a little pure water.*

If an acidulous or alkaline solution be suddenly added to a drop of seminal fluid, a rapid movement is immediately excited, and a disordered commotion pervades the whole mass. The spermatozoa shoot about in all directions; some are seen bending and twisting themselves violently; the tails frequently become entangled so as to form knots, and then, according to Donné, they die.

In the urine of men who suffer from nocturnal and other involuntary emissions, the spermatozoa may be found alive, even for hours, as they do not die so speedily in certain states of this fluid. Hence, a microscopical examination enables us to detect indulgence in habits which the patient often-times would fain conceal.

Advantage has been taken of these facts for the purposes of criminal jurisprudence :—

“A man, suffering from gonorrhœa, was tried for a criminal assault upon a child. The child’s shift and other articles were sent to Messrs. Goodsire, for their inspection and report. Some of the stains, of a yellow colour, were believed to be the effects of the gonorrhœal discharge; others, characterised by a faint colour and peculiar odour, were regarded as stains caused by the seminal fluid. Some portion of the linen supposed to be

* Wagner,

stained by semen, when macerated in water, rendered it muddy, and the fluid emitted a strong characteristic odour. A portion of the linen was next examined in the field of the *microscope*, where the spermatic animalcules were detected, and easily recognized; the majority of them were mutilated, the greater part of their tails being broken off, and the head not so plump as in the living state, but perfect specimens were found differing in no respect from the living animalcules, except in the want of motion. The prisoner was sentenced to transportation for fourteen years."*

The rodent animals are best suited for studying the spermatozoa, because of the size and decided form of the spermatic animalcules in these tribes. Thus, the rat, the mouse, and more especially the squirrel, have the spermatozoa very large, the margin of the head or body being turned up, like the brim of a hat. In the larger animals, such as the horse, the ox, &c., the spermatic animalcules are smaller and less defined, and are consequently not so well suited for the examination of the microscopical characters of these animalcules.

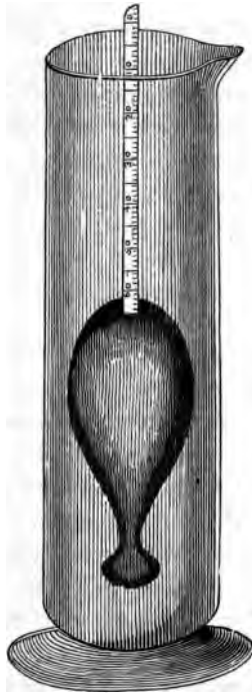
According to M. Donné, the spermatozoa very quickly die in the mucus of the vagina, and of the womb, if that of the former be too acid, or the latter too alkaline. This observation is of great importance, and should be carefully treasured up in the memory, as it may be rendered subservient in the event of our being called upon for opinions in cases of marriages which have proved unfruitful or barren.

In the diagnosis, as well as in the treatment of spermatorrhœa, it is of the greatest importance that the conditions of the urine should be thoroughly inquired into; for it will be found that spermatorrhœa is fre-

* *Lancet*, 1845, p. 213.

quently complicated with unhealthy deposits from this secretion. Hence it becomes necessary not only to arrest the seminal discharges, but to correct the morbid conditions of the urine itself.

Much valuable information, as to the state of the secretion, may be derived through the assistance of the little instrument invented by Dr. Prout, a diagram of which I have here subjoined. If this instrument be



immersed in pure water, it will sink down to 0; the specific gravity of distilled water taken as the standard of comparison, and represented as unity or 1·000.

The specific gravity of healthy urine, compared with this standard, may be averaged at 1.020. I have invariably found, that if the specific gravity be 1.006 or 1.010, the urine will be pale and watery, and about four and a half pints passed in the twenty-four hours; but if the gravity be 1.026, we shall not have more than about a pint and a half passed during the same period, and the urine will be high-coloured and deposit a sediment on cooling.

When healthy, about two or three pints are the average quantity of urine passed in the twenty-four hours, having an acid reaction, as may be shewn by dipping in a slip of litmus paper, the blue colour of which is changed to red. Unhealthy urine, on the contrary, is found occasionally alkaline, a state to be inferred when the yellow colour of turmeric paper, dipped into the fluid, is changed to reddish brown. This is very often a dangerous indication, and should always be investigated with the greatest care.

The urine, when allowed to cool in a tall glass vessel, frequently deposits a white cloud, which, examined by the microscope, is often found to consist principally of epithelium. The appearance of this cloud generally causes considerable alarm to nervous patients, but more especially to medical men, who either are, or have been, suffering from spermatorrhœa; for they are aware, that if urine, containing seminal fluid, be allowed to stand for a few hours, in consequence of its higher specific gravity, the semen will subside to the bottom. Such medical gentlemen as have seen the seminal animalcules, thus collected, through the microscope, imagine that every urinary cloud must contain them in abundance. Knowing the miseries resulting from such causes, they always feel apprehensive and unhappy, and frequently

endure much unnecessary pain; for it does not follow, when epithelium is present, that seminal fluid must be necessarily mixed up with it. It is, however, of great importance to know, that when a large quantity of epithelium is found in the urine, it is a certain sign that considerable irritation exists in the urinary passages, which should lead us to seek out and remove the cause.

Urine abounding in epithelium is generally of low specific gravity, pale, wheyish-looking, and mostly voided in large quantity. Upon inquiry, it will also be found that the patients are in the habit of drinking tea and other fluids in considerable quantities, and have generally a distaste for animal food; the urine analytically approaches in quality to that of the herbivorous animals, as the cow, sheep, etc. We may often infer from these facts, that pastry, soups, raw and green vegetables, fruits, etc., will mostly disagree.

But when the urine is scanty, deep-coloured, and of high specific gravity, it generally contains a large proportion of urea and uric acid. Upon inquiry, it will be found that such patients live principally upon animal food; and the urine, in its analysis, will approximate to that of carnivorous animals, as the lion, tiger, leopard, hyena, and panther. A vegetable diet, in such circumstances, will frequently be found highly beneficial.

When the analysis of the urine is required to be of the most complete kind, great care and precaution are necessary. Before I undertake the treatment of a case, I invariably request the patient to pass urine, in my presence, into a tall glass constructed for the purpose, ground upon the edge at the top, upon which a glass cover can be placed, to prevent evaporation. During the voiding I observe the characters of the stream, whether

full or diminished, spiral or uniform, small, or slow and interrupted; and I carefully examine whether the last drops contain seminal fluid or not.

I then place the glass with its contents upon an adjoining table, and carefully note from time to time the changes that take place: 1st, the colour; 2nd, whether transparent and clear, or turbid and opalescent; the specific gravity, whether high or low; the reaction, whether acid or otherwise. It is then sent into the laboratory, to observe whether it deposits a sediment or throws up a film. After it has stood sufficiently long to throw down all its sediments, they are examined before decomposition commences.

If lithic acid be deposited, it will be found in the form of hard crystalline grains, which most commonly assume the rhomboidal outline, as shewn in the following diagram. It sometimes assumes other forms: the varieties most commonly met with in practice are delineated in the wood-cut annexed.



Lithate of ammonia frequently appears in the urine of patients suffering from spermatic discharges, and not unfrequently perplexes the practitioner unaccustomed to urinary investigations; as it always prevents the seminal

animalcules from being distinctly seen. Lithate of ammonia is shewn in the diagram.



The triple phosphate is another salt frequently found deposited in the urine of persons suffering from spermatorrhœa. The urine, if allowed to stand for some time (from twenty-four to forty-eight hours) will throw up a film, which decomposes the rays of light, giving rise to the prismatic colours. A portion placed upon a glass slide, and examined under the microscope with a power



of four hundred diameters will give the appearances represented in the wood-cut annexed.

When patients have been suffering for many years from spermatorrhœa, it will be frequently found, that the disease is complicated with gastric irritation; and this, though but a secondary affection, for the most part, absorbs all the therapeutical attention. I have seldom met with a case of this description in which all the different plans of treating stomach complaints had not been previously adopted, and, indeed, had formed the principal and only attempts at cure; the alkalies, as soda, liquor potassæ, had been administered with no sparing hand. In such cases, these means are productive of considerable mischief; I cannot, therefore, too strongly urge the necessity of very careful inquiry before subjecting patients for months to a discipline of this kind, as it hardly ever fails to exert an injurious influence when the genito-urinary organs are seriously implicated.

Oxalate of lime is very often present in spermatic urine, and it is of the greatest importance in the treatment of these cases, that its presence should be clearly ascertained. The crystals appear mostly in the octohedral form, but sometimes resemble dumb bells; both forms are shewn in the diagram.



The seminal animalcules are also frequently found

mixed up with mucus and pus globules; and unless the greatest care be taken in the examination of the urine, they will escape observation.

When the constitution is impaired, and the liver participates in the disorder, bile is discoverable in the urine. By dropping a small portion of nitric acid into a small quantity of urine, a beautiful display of colours takes place, which can be readily detected by the microscope.

Sugar often exists in the urine of persons who have been suffering for years from seminal pollutions. When things have arrived at this stage, the condition of the patient is very precarious. The presence of sugar may be discovered by boiling the urine with nearly an equal quantity of liquor potassæ in a test tube. The liquid, if sugar be present, assumes a deep porter colour. By chemical means it may be extracted and crystallised, like ordinary cane sugar. If, however, a specimen of saccharine urine be set aside in a warm place, after some time a scum forms on the surface—known as *torula diabetica*. A portion transferred to one of the slides, and examined by the microscope, exhibits the appearances shewn in the diagram.



I often find albumen present in the advanced stages of spermatorrhœa. It is easily detected by heating over the

spirit-lamp a portion of the urine in a test tube, and dropping into it a few drops of nitric acid. In this case, the urine becomes cloudy and opaque, and after a while a coagulum is precipitated, leaving the urine above quite clear.

The semen, from the numerous matters with which it is frequently intermixed in the urine, is oftentimes extremely difficult to detect, and many hours are frequently required for this purpose, notwithstanding the seminal fluid may exist in large quantity. This difficulty of detection, however, does not always depend upon the intermixture of oxalate of lime, lithic acid, etc., with the spermatozoa; but, as I have had occasion frequently to state, upon their diminished size and mutilated condition. This cannot be too strongly impressed upon the mind of the practitioner; for I am daily consulted by parties suffering severely from spermatorrhœa, who, in consequence of imperfect examination, have been repeatedly assured that they were not labouring under this disease. Many such cases have attained a dangerous ascendancy, which an early detection would have entirely prevented.

When the urine is to be examined, with a view to determine the presence of seminal fluid, the lithate of ammonia, which it so frequently contains, should be previously removed, in the manner explained in another part of this essay. The examination should then be made with the half-inch, next with the quarter, and lastly with the eighth of an inch object glass; care being taken, as elsewhere directed, that when other urethral discharges are present, the seminal one be not mixed with them, for by attending to these precautions much time and trouble will be saved.

In the treatment of spermatorrhœa it frequently becomes necessary, not only to determine the nature of any *urinary deposits* that may exist, but also accurately to

ascertain their amount. To weigh such deposits, and further to ascertain with precision the specific gravity of the urine, the hydrostatic balance is an instrument essentially



necessary. In the diagram I have given a representation of the one I use, which is placed under a glass cover, to

obviate the possibility of the beam being affected by currents of air, dust, etc. These precautions, though apparently trivial, are still of the utmost importance when weighing the thousandth part of a grain. A string is attached, which, as will be seen in the diagram, communicates with the lever, and enables us, without exposing the balance to the disturbing causes before mentioned, to ascertain whether either and which of the scales (when the oscillations have stopped) preponderates. We then proceed, by adding or removing weights from the weight scale till it, and that containing the urinary deposit, are exactly counterpoised. We thus ascertain minutely the weight of the sediments, etc.

TREATMENT OF SPERMATORRHŒA.

It not unfrequently happens that patients, who are suffering from spermatorrhœa, though they feel ill, seldom sufficiently to induce them to seek for medical assistance, till by protracted neglect, they have not only greatly impaired their constitution, but have also severely injured the genital organs themselves.

A careful review of the numerous cases of spermatorrhœa, which I have treated during the last ten years, has satisfied me that I owe much of my success in the treatment of this disease to my inquiries into the chemical and microscopical properties of the urine; for the conditions of this secretion afford information to the practitioner, which he would in vain attempt to gain from any other source. The detection, by the microscope, of seminal fluid in the urine, with the spermatozoa broken down, not only clearly and unequivocally indicates the existence of spermatorrhœa, but will also enable us to form some idea of its severity, as well as of the nature of the causes which have produced the disease.

It is true that ascarides, repeated attacks of gonorrhœa, syphilis, etc., may co-exist with, and act as causes of seminal discharges, still a very careful inquiry into the general history of many cases that have come under my care, have convinced me that the action of these causes is but *remote* or *exciting*; and that, unless the generative system has been *previously weakened*, such causes may exist without inducing spermatorrhœa. I

have mentioned an instance of ascarides in the rectum not only bringing on severe seminal pollutions, but also inducing symptoms similar to those of *epilepsy*. But in persons otherwise healthy such worms may exist for years, without causing any other inconvenience than mere local irritation; and every surgeon knows that gonorrhœa and syphilis are not necessarily productive of spermatorrhœa.

When treating this disease we should be particularly careful, after having removed the seminal discharges, to ascertain whether there be any lurking disorder, which, if allowed to continue, would be likely to cause a reappearance of the pollutions. Thus, for instance, should we ascertain the existence of worms: we should endeavour to expel them by a brisk purgative, and the injection of a solution of salt in water into the rectum; while internally we administer bitter infusions, for the purpose of correcting and checking the secretion of mucus, which, by forming a nidus, favours the development of ascarides.

I have also had occasion to allude to a case in which tobacco acted as the exciting cause of spermatorrhœa. Notwithstanding the patient had discontinued its use during a considerable interval, yet the sexual powers did not return. Analysis of the urine, however, convinced me that the patient had, in no small degree, interfered with the functions of the procreative system, long before he addicted himself to the use of tobacco. His immoderate use of this narcotic sufficiently accounted for the state of the testicles; but did not, to my mind, satisfactorily explain the other morbid phenomena, to which, however, as there could be no doubt the tobacco contributed much, I immediately interdicted its use.

I have related a very interesting case of constipation,

caused by the patient suppressing the necessities of nature, his position frequently not allowing him to respond to her calls. Now I have no doubt whatever that this gentleman suffered to a certain extent, for years previously, from seminal pollutions; but, until aggravated by this powerfully exciting cause, they did not attain sufficient severity to attract his notice. Nor would he have noticed them even then, perhaps, had not his attention been awakened by the nature of certain questions, which, after an analysis of the urine, I felt it necessary to put to him.

The symptoms which prevail in spermatorrhœa so often resemble those of diseases of an entirely different nature, that unless the practitioner apply himself to a full and complete examination of the urine, his attention will not be directed to the real source of mischief; and *effects*, instead of the *cause*, will engross his attention. Thus we find that patients, labouring under spermatorrhœa, frequently suffer also from severe and obstinate constipation; and hence various drastic purgatives, as aloes, colocynth, gamboge, etc., are often prescribed for the relief of the bowels. But such remedies never fail to do harm, by the irritation they set up in the rectum, extending itself to the bladder and vesiculæ seminales.

Piles very frequently, according to my observation, co-exist with seminal discharges; and in such cases they are often found complicated with congestion of the liver. This I have observed so frequently, that whenever I detect bile in seminal urine, I always inquire whether or not the patient is suffering from hemorrhoids, and the answer is almost invariably in the affirmative. This is a matter of so much importance, that the question should always be clearly decided, for the heat and irritation,

caused by the presence of piles in the rectum, often bring back the spermatic discharges. Regularity of diet and exercise, gentle laxatives, the hip bath, and sponging the region of the liver with the nitro-muriatic acid, I have found generally quite sufficient to remove this inconvenience. I by no means approve of the indiscriminate removal of piles by the knife, nor the transfixing them with a needle; indeed, such modes, when hemorrhoids co-exist with spermatic discharges, occasion considerable mischief, and are not wholly free from danger.

Climate, high-seasoned food, the continued use of wine and spirits, and sleeping upon soft beds, are, as already observed, powerfully exciting causes of spermatorrhœa. I have met with great numbers of cases of this description amongst gentlemen who have resided a long time in India, and other hot countries; and in persons in this country who, from an early age, have been accustomed to lead a luxurious and indolent life. But I have never been able, even in such cases, fully to satisfy my mind that these were *the real or essential causes* of the spermatic discharges; for I have had, in almost every case, sufficient evidence of the genital organs having been weakened in early life, when at school. In such circumstances I have found that the urine generally contains lithic acid in abundance, occasioned by the habitual use of wine.

When this acid abounds in the urine of patients suffering from spermatorrhœa, it frequently disguises the symptoms, and diverts the attention of the physician from the true cause of the disease. In consequence of the irritation it causes, this acid excites emissions at a very tender age, more especially if the patient has been accustomed to the use of wine and high-seasoned food. The irritation of

the mucous surfaces, caused by the acid, is attended with pains and uneasiness in the back and loins, which are usually considered "growing pains."

The pollutions, occurring at an early age, are much more lasting and dangerous, especially when they attack a boy before he has done growing. Nocturnal discharges at this period injure the health much more seriously than at a more advanced age; and if allowed to proceed unchecked, the patient, in constitution, will be comparatively old at two-and-twenty; indeed, many evince all the symptoms of senility, before they arrive at thirty.

A remarkable instance of this kind recently occurred to me, in the eldest son of a family of distinction. He enjoyed all those advantages which birth, fortune, and position in society command. Until his tenth year he was robust, and bid fair to be, like his father, a strong powerful man.

Before he was fourteen, he complained of pains in the back and loins, and a feeling of weakness in the knees; these symptoms were attributed to his having outgrown his strength. His eye lost its brightness, his memory failed, and his appetite became so capricious, that he would partake of nothing but high-seasoned food.

When I first saw him he was in his twenty-fifth year; his voice, which was weak and feeble, had a shrill disagreeable sound, jarring upon the ear. There was no appearance of either beard or whiskers; a dark areola round the eye; his countenance anxious, and expressive of much suffering. He was reserved and silent, and it was with difficulty I could induce him to enter into conversation.

I understood from his family physician, who accompanied him, that his disorder was at one time supposed to be a rheumatic affection, and had been treated as such,

without any benefit. He had also been leeches and cupped, on the supposition of disease of the spine, and a variety of tonics had been prescribed, to give strength and energy to his frame.

After a lengthened perseverance in allopathic means, his friends placed him under the care of a homœopathic practitioner; he also had been for some months in a hydropathic establishment, where the bracing influence of cold bathing greatly improved his health; so much so, that it was for some time believed he was perfectly cured. Under this impression, he was recommended to marry—which he did.

The excitement caused by change of circumstances, a liberal use of wine, together with a continental tour, sustained him for some time. After he had been married a few months, the symptoms suddenly returned with increased violence, which a continued perseverance in hydropathy now failed to alleviate; and it was under these circumstances that I was sent for.

I found the specific gravity of the urine unusually high, and the patient informed me, that he had for years observed a brick-dust sediment in the urine.

On examination of the first specimen, I found lithic acid present in abundance, and spermatozoa intermixed with the acid crystals; a representation of which is given in the subjoined diagram, drawn from a specimen taken from the urine while in attendance upon this case.



The presence of lithic acid renders the discovery of spermatozoa very difficult; and I had to examine several specimens of this patient's urine before I could detect them, although, from his appearance,

and the history of the case, I had no doubt whatever that he was passing seminal fluid continually.

In the treatment of such cases as the first related, it is not sufficient to arrest the nocturnal and diurnal discharges, we must also endeavour to correct the lithic acid diathesis, for if this cause of irritation be allowed to continue, the disease will most assuredly return.

The gentleman, whose case I have just detailed, perfectly recovered from the seminal discharges, and is now, to all appearance, in good health; still his constitution is very delicate, and he is obliged to use the greatest circumspection in his diet. There is no doubt a considerable time must yet elapse before his constitution can be thoroughly restored.

The analysis of the urine enables us to pronounce positively, respecting the existence of spermatorrhœa, and to ascertain what the patient himself would never have divulged. Even the family physician, who accompanied this patient, and who had attended him from his earliest infancy, never once suspected the nature of the disease; and it was upon the recommendation of the homœopathic practitioner that I was applied to.

Oxalate of lime also is frequently found in spermatic urine. This is often occasioned by a disordered condition of the stomach, and an impaired state of the digestion. It also results from giving to delicate children port wine and rich food daily, under the mistaken idea that such means will strengthen their constitutions. The following may be taken as the type of a vast number of cases of this description which have come under my notice.

A gentleman who consulted me stated, that he was sent to a preparatory school, before going to Oxford. He had previously enjoyed very good health. At the

seminary he became associated with boys much older than himself, and, from example, was induced to resort to practices which weakened his constitution. Before he had been a year and a half at the school his health failed, and he was obliged to return home.

He was now advised to take one or two glasses of port wine daily, and to live well, to recruit his strength. This plan disordered his digestion, and he suffered much from spasmodic pains in the bowels, which shortly increased so much in violence, that he was obliged to have recourse to brandy to relieve the pain and sensation of sinking which he constantly felt. The brandy afforded temporary ease.

Kreosote, prussic acid, and various other remedies were resorted to, all of which afforded relief for a short time, but the symptoms again returned. The bowels at length became confined, and it often happened that two or three days passed without their being relieved. On first evacuating the bowels after long-continued constipation he felt faint, and then discovered that a copious emission had taken place.

From this time he experienced pain in the loins, and a sense of great oppression in the chest, with considerable difficulty in breathing. This difficulty was much increased by going up an ascent. Three years before applying to me, he was attacked, while rowing, with spitting of blood.

The physician who was first consulted treated him for a gastric affection. He was next advised to consult a gentleman for disease of the kidneys; and he was, after the hæmoptysis, thought to be consumptive, and recommended to winter in Madeira, which he did for three successive seasons, during which time the hæmorrhage frequently returned.

Repeated examinations of the urine proved to me that he was suffering acutely from spermatorrhœa, the spermatic animalcules being very numerous, and intermixed with oxalate of lime. The diagram annexed was drawn from a specimen of the patient's urine, while I was in attendance upon him.



He was treated for spermatorrhœa, and within a month after the seminal discharges were arrested, the irritation in the stomach was greatly relieved, and his health is so far improved as to permit of his residing in England. Still he has not regained his former robust health, and has had, during the spring and autumn, slight returns of the seminal discharges, which, however, readily gave way to treatment.

Pollutions are frequently occasioned, or very much aggravated, by cutaneous eruptions. These occur upon the inner parts of the thigh, the scrotum, and the anus. I have treated a great many cases of this kind, and have almost invariably found that these skin affections were associated and intimately connected, with disordered conditions of the urine. The *triple phosphate* is generally deposited. Sulphur baths and external applications will relieve for a time, but the disorder will almost invariably return. It is, therefore, of the greatest importance to correct the tendency to deposit the triple salt by the exhibition of the nitro-muriatic acid, as the only means of effectually curing the patient. Astringent ointments may be resorted to as auxiliaries, and to allay irritation till the cause has been effectually subdued.

I am at present attending a gentleman who suffers severely from excoriations on the inner part of the thigh,

extending to the scrotum. The second specimen of the



the urine which I examined, deposited the salt and spermatozoons as shewn in the diagram. The presence of the spermatozoa led me to ask this patient if he was not subject to nocturnal discharges. He seemed surprised at the question, but at once informed me, that when

in bed, the itching of the eruption was so great that he could not refrain from scratching himself; the irritation thus occasioned produced so much excitement that emissions followed.

It will often be found, when these secondary affections occasion nocturnal and diurnal pollutions, that the sexual organs have been weakened by masturbation practised in early life.

There is another important advantage to be derived from urinary investigation. It enables us, before commencing the treatment, to form a correct opinion as to whether we can be really serviceable or not, as will be confirmed by the history of the following case.

A gentleman, upon the recommendation of his brother, whom I had cured of spermatorrhœa, came to London a few months ago to consult me. His general symptoms were, in almost every respect, similar to those of his relation. He suffered severely from pain in the back and loins; he was timid, retiring, and desirous of being alone, with disinclination to exercise or any kind of exertion. His appetite, however, was good; he enjoyed his food, and partook liberally of nourishing diet, still his strength was failing, and he was evidently losing flesh. He slept soundly, but always awoke unrefreshed.

The urine passed on his first visit to me had a specific

gravity of 1·024, and the quantity was unusually large. This induced me at once to suspect, and examine for sugar. On boiling a small portion of the urine with liquor potassæ in a test-tube, I found decided evidence of the presence of diabetes, which was confirmed by further examinations.

There was no evidence that this patient was suffering in any degree from spermatorrhœa, for no trace of seminal fluid in the urine was discoverable. I was perfectly satisfied, some time before he repeated his visit, that his disease was of a very different character from that for which he came to consult me.

Now, it must be evident, that had I been guided entirely by symptoms I should have fallen into a serious error, and have done much towards bringing discredit upon the treatment more peculiarly adapted to the cure of spermatorrhœa.

Analysis of the urine, as I have already endeavoured to shew, is of the greatest importance, enabling us (in many cases) to understand clearly the cause of spermatorrhœa. There are cases, however, of impotency, in which analysis affords us no information, as when the epididymis, for instance, is indurated and thickened, which prevents by pressure the seminal fluid from passing on to its natural reservoir. Some years ago I directed the attention of the profession to this morbid condition of the epididymis, and pointed out the great utility of a steady perseverance in the use of the hydrargyri bichloridum. The following case was the first which led me to the investigation of this subject.

A gentleman consulted me in October, 1843. He was a remarkably fine, healthy-looking man. He told me that he had never suffered from illness of any consequence, with the exception of having been confined to his room

for a few weeks, with swelled testicle, attended with intense pain and acute inflammation, which was with difficulty removed. When, however, the acute symptoms and swelling had subsided, he discovered, that although the appetite remained, the power of sexual gratification was entirely lost; nor could he exert it under any circumstances. This produced a considerable degree of mental excitement and vexation, by no means abated by the fact, that he was engaged to a lady of considerable fortune. He had consulted a number of the most eminent surgeons, but being extremely anxious and impatient, he passed from the care of one to another with such rapidity, that every chance of benefit was destroyed.

Having had some hints given me relative to this line of conduct, I declined undertaking the management of his case, unless upon certain conditions, which were, firstly, that he should adhere strictly to the plans laid down for him; secondly, that he should persevere for a sufficient length of time.

On examination, I found swelling and some remains of hardness in the testicle; the epididymis in the condition already mentioned as peculiar to these cases. Under these circumstances I prescribed the bichloride, in the use of which he persevered for several months. Although upon some occasions he took other remedies, still I cannot but assign all the credit of his recovery to the bichloride. The effect of this medicine at first and for some considerable time, was scarcely perceptible, but the testis began to get softer and more natural. The induration in the epididymis also gave way, and at last disappeared by almost imperceptible degrees. When the epididymis recovered its natural state, not only the appetite for, but the capability of, sexual indulgence returned. The

condition of the edididymis in such cases will be better understood by reference to the following diagram:—



Explanation of the Plate.

- | | |
|---|-----------------------------|
| A. The body of the testicle. | D. The vasa deferentia. |
| B B. The tubuli testis, | E E. The epididymis. |
| C. The rete testis. | F. The vas deferens. |
| G. The ducts which convey the seminal fluid to the prostatic portion of the urethra, and when open allow the seminal fluid to escape with the urine, and on going to stool. | |
| H. The vesiculæ seminales, showing the spermatozoa conveyed by the vas deferens from the testicles | |
| I I I. The rectum. | O O. The urethra. |
| J J. The division of the vertebræ. | P P. The corpora cavernosa. |
| K K. The skin divided. | Q. The body of the penis. |
| L. The bladder. | S. The symphysis pubis. |
| M. The bulbous portion of the urethra. | T. The anus. |
| N. The corpus spongiosum. | |
| U. The epididymis indurated, which explains how impotency is produced by preventing the seminal fluid passing to the vesiculæ seminales. | |

To insure the full effect of the bichloride and a perfect recovery, a perseverance in its use for a sufficient period

is absolutely essential. This will be exemplified by the following case, which occurred to me somewhat about the same time:—

A gentleman from the country called upon me, to request that I would prescribe for him. He stated that he had come to London to be married, and that the marriage was to be celebrated in three months; he had, however, discovered that his sexual desires and capabilities were both extinguished. Looking upon this as the effect of some mental or nervous emotion, I endeavoured to reassure him, and to convince him that he would soon be restored. He seemed delighted with my assurance, and and at once commenced the plan I suggested, which he regularly pursued for two months; but I regret to state, without the slightest benefit. I now proposed to examine the testicle, when, to my utter astonishment, I found the epididymis of both testicles enlarged and indurated. As he was a man of a very religious turn of mind, I never for a moment suspected that his disease was attributable to any impure or illicit cause. He assured me that he had never had swelled testicle in his life, nor had he indulged in any vice whatever. Nevertheless, he did not account satisfactorily to my mind, for the knowledge of his impotency.

I directed him to take the bichloride, which he continued for a short time, when he became dissatisfied, and said that he had been always disappointed: I then lost sight of him, and was informed that he consulted some one else. I have had no opportunity of ascertaining the result; but I know that he has not been married yet, if this can be construed into any indication of what may have happened.

The following case is another in which the efficacy of

the bichloride, when continued for a sufficient length of time, is satisfactorily proved:—

A gentleman from one of the manufacturing districts, who frequently visited London, on one occasion contracted gonorrhœa. This was attended with high inflammatory action, producing swelled testicles, which confined him to bed for several days. When the inflammatory symptoms had subsided, he left London, the testis continuing enlarged, but not painful. On his return home, however, he discovered that he had lost all sexual power. This was the cause of a good deal of anxiety and irritability of temper, as the impotency continued without intermission for the space of two years, notwithstanding he had consulted some of the ablest men in his neighbourhood.

A patient whom I had relieved from stricture, persuaded him that he was suffering from a similar disease, and strongly urged him to consult me. On examination, I found the urethra perfectly healthy; but the testis enlarged and somewhat hard, and the epididymis indurated. I now apprised him of my view of his case, and urged upon him the absolute necessity of his perseverance in the bichloride which I then prescribed for him, and which he took for some months before he perfectly recovered. I have frequent opportunities of seeing this patient, and he assures me that he is thoroughly cured.

Since a former edition of this work, numerous cases of a similar character have come under my care; in all of which the bichloride has proved of the greatest use. Many of my professional friends, extensively engaged in both public and private practice, have ordered it with the same beneficial results.

An extensive experience has confirmed the opinion I have given, of the benefit to be derived from the proper exhibition of the bichloride, when the epididymis is indurated, swollen, and enlarged, and which prevents the seminal fluid passing forward to the vesiculæ seminales; I cannot, however, too strongly urge the necessity of the practitioner carefully examining the condition of the testicle, before prescribing this medicine; for varicocele and some other diseases of this organ, very closely resemble the disorder under consideration, and require a very different mode of treatment. Perhaps the following case will illustrate the point.

A medical gentleman, practising in the country, wrote to me, stating, that he had been induced, in consequence of reading a former edition of this essay, to take the bichloride to remove a thickening of the epididymis, caused by inflammation of the testicle brought on by severe horse-exercise. He continues, "after steadily persevering in its use for twelve months, I find myself no better, and my general health declining."

He also stated, that he had never suffered from syphilis or gonorrhœa, nor had ever, in any way, interfered with the healthy action of the testicles, except the severe horse-exercise referred to. Feeling unable to form a satisfactory opinion without an interview, I suggested the propriety of his coming to town; and soon afterwards he paid me a visit. Upon examination, I found the epididymis perfectly free, but the veins varicose, and the functions of the testicle very much disordered.

This is, by no means, a solitary instance. I have had under my care several medical men; and, strange as it may seem, a great many had been taking the bichloride

for some time, previous to their applying to me: and, with the exception of a few cases, it would have been much better if its use had not been resorted to.

As it is very difficult for even the most intelligent surgeon to properly examine his testicles, it would always be advisable, before taking the bichloride on his own responsibility, to be made perfectly satisfied that the epididymis is indurated. As this can always be accomplished without incurring expense, (as no surgeon would think of taking a fee from a professional man), much annoyance might be averted; and a remedy, most valuable when given under proper circumstances, would incur no risk of being brought into disrepute.

It will be readily conceived from the number and variety of the secondary diseases enumerated, and the difficulty, before the introduction of the microscope, of detecting the primary affection, how many patients must have suffered for years from nocturnal and diurnal pollutions, without the nature of their disease having been even suspected. Lallemand mentions a case, the subject of which, for a long time assiduously devoted himself to the study of medicine for the purpose of ascertaining the nature of his malady, but who, nevertheless, could not unravel the mystery which enveloped his disorder. I shall transcribe the case from Lallemand's book.

“ I was born very weak, with inguinal hernia: I have been subject from infancy to a purulent discharge from the ears, very copious and tenacious, from the left ear especially. I strengthened my constitution by habitual exercise in the country, substantial diet, and river bathing, and at thirteen I was as robust as any of my companions.

“ At this period, a lascivious, but circumspect, young

girl excited premature erections, up to the moment in which emission excited her apprehensions. This precocious excitement stimulated me to masturbation. At sixteen years of age I contracted a blenorhagia (gonorrhoea), which I carefully concealed, and which disappeared slowly under the use of cold drinks, baths, and strict attention to diet, and avoiding stimulants. The discharge returned twice the same year after excess in new beer; since then it has frequently re-appeared after long walking, riding, or exposure to cold. At eighteen, I obtained a rendezvous with a woman whom I liked very much; but I experienced so much agitation that I could not profit by it. I attributed this to the excess of my passion; the failure produced deep grief and great distrust of myself. The following year I was more fortunate with another female, but I paid dearly for the excess I committed that night; the next day the discharge re-appeared more profusely, and there came on severe inflammation, with swelling of the testicles; the right epididymis remained engorged for five or six months.

“ From that time my health gradually failed; I suffered from jaundice, febrile accessions, wandering pains all over the body and disorder of the stomach; I became extremely sensible to cold, heat, moisture, and to every sudden atmospheric change. The alteration in my health induced me to give up the military profession, and apply myself to medicine to find out the cause of my suffering.

“ When arrived in Paris, I found that the humid moisture of the streets and of the dissecting rooms readily brought on my gleet; and sitting for a long time produced a sense of weight and heat in the perineum, with lancinating pains.

“ These increased to such an extent as to induce me to believe that I had a stone in the bladder; I felt constant

pain in the fossa navicularis; I passed water very frequently and with pain; the last drops of urine were thready, glairy, producing in the neck of the bladder the feeling of a red-hot iron. I had determined upon an operation; but Professor Boyer, before sounding, prescribed baths, which assuaged the irritation. The vacation arrived, and exercise in the open air removed all these symptoms.

“ The following year I worked night and day, preparing for a *concours*; my digestion became deranged; diarrhoea, with straining at stool, came on. On going to stool I often passed sperm in abundance. I wished to continue to give this the attention it deserved: so much occupied, I felt stupid; tinkling in the ears came on; I understood nothing; I was obliged to renounce every occupation. I apprehended that every moment I should be seized with a fit of apoplexy.

“ The third year I suffered from palpitations which made me fear aneurism of the heart; at a later period I felt pains in the chest, constant cough, and I persuaded myself that I was consumptive. At last, after my reception, I set out for home, emaciated, jaundiced, and very melancholy. The motion of the carriage brought back my gleet.

“ A little time after my arrival I contracted a venereal disorder, which I treated with mercury. This ruined my health, and I discontinued it so soon as the external symptoms had disappeared. I then got a *chronic gastritis* attended with obstinate constipation and deep hypochondriasis.

“ I was tormented with flatulency. The stomach and abdomen were distended beyond measure with wind. I felt as if a hand of iron produced a kind of internal grasping which closed up every passage. The descent of the

diaphragm was prevented by the violent pain, and distension of the belly. I felt as if I should choke; my face became purple, copious sweat came all over the body; at last that kind of constriction ceased, and I was relieved; but for several days I felt fatigue, and my skin assumed a jaundiced tint.

“ During two years I combated this *chronic gastritis* by leeches, baths, lavements, and the strictest vegetable diet. I lived also for eight months upon milk; but all without any success. I felt a constant desire to eat, and as soon as I took a little substantial food I was overwhelmed by the labour of digestion.

“ At length I observed that I passed sperm during the violent efforts excited by constipation, and I was soon satisfied I likewise lost it in making water.

“ It was then only that I comprehended the cause of all my suffering. I obtained Sainte Marie’s translation of Wickmann, I devoured it with eagerness, I learnt it by heart, I thought myself saved, but was doomed to disappointment.

“ River baths, cold lotions to the perineum, produced an unfortunate impression upon the bladder and the vesiculæ seminales. When I entered into the water I felt a spasmodic contraction of these reservoirs; and the urine that I was obliged to pass contained an abundant flocculent cloud, owing to the presence of a large quantity of semen. The cold lotions produced only a momentary effect.

“ The cold clysters excited in the rectum an intolerable tenesmus, attended with pain and weight; they facilitated the expulsion of fæcal matters, by provoking contractions of the rectum; but these spasmodic contractions were soon followed by those of the vesiculæ seminales, and a copious discharge of semen. I cannot

adequately express how much injury I sustained from these cold lavements.

“ Ice, which I took internally, gave me tone for some time; it stopped the constipation, and excited energetic erections; but it soon brought on inflammation of the bladder and prostate, which disclosed itself by a painful sensation of weight at the side of the rectum, and lancinating pains behind the pubes; a frequent and irresistible desire to pass water, and a copious, abundant, glairy, puriform deposit which adhered strongly to the bottom of the vessel. The application of ice to the perineum and loins had the same effect.

“ Quina, spa-water, and tonics produced good effects for a day or two; but they soon increased the irritation of the bladder and canal: they brought back the constipation.

“ Attributing to the pressure of the fæcal matters, the seminal discharges which took place on going to stool, I resolved to apply the practice of Professor Boyer for fissures of the anus. I myself cut, before a glass, the sphincters with a lithotome which I had constructed expressly for the purpose; the expulsion of the fæces became more easy, but the seminal losses were not diminished.

“ I applied cauteries to the loins and perineum to relieve the fixed pain at the neck of the bladder. I tried urtication, and even acupuncture, to stop the spasmodic contractions of the vesiculæ seminales, which I felt very distinctly, especially when I sat down; they caused despondency, because they warned me of an inevitable pollution. These different means succeeded for some time; but their effects were never lasting. I often took lavements with decoction of poppy heads to ease the

irritation of the genital organs, and procure me a little repose.

“Nothing can explain the anxiety and despair these long nights without sleep caused me. The most frightful dreams, the most dismal ideas continually led me to think of suicide. It was always with terror that I saw the moment of going to bed arrive, and I waited the arrival of day as a blessing. It was particularly against this punishment that I employed narcotic lavements, but they increased the sluggishness of the rectum, and the relaxation of the genital organs. Besides they excited violent pains in the head and disturbed the digestive functions. They increased the habitual somnolency which tortured me during the day, and which rendered me incapable of any serious occupation. It was in this state of complete nonentity, under all these circumstances, that I arrived at Montpellier, completely disgusted with life.

“The cauterization that you practised upon the prostatic portion of the urethra, has been rapid, and has not caused me so much pain as I expected; during twenty-four hours only the emission of the urine was painful, and accompanied with some drops of blood. For the rest, this pain, although much more sensible than that which I had experienced before, appeared to me a great deal less disagreeable; it was accompanied with a feeling of strength which gave me courage.

“From this moment a complete change was effected through my whole body. From this period a new existence commenced for me; it appeared to me that a thick cloud ceased to envelop my brain.

“At the end of eight days the urine was limpid, and emitted with force; the stools were voided with ease, and no longer accompanied with seminal discharges in

the urethra, bladder, and rectum—a vigour, which inspired me with confidence. Sleep returned. I could soon eat of anything, and my appetite was voracious. The erections had an energy which I had never observed before.

“ In the spring of 1825, I experienced a return of the vesical and prostatic irritation, I attributed it to the influence of the season. Your second cauterization was as effectual as the first.

“ In 1826, I experienced, always in the spring, a return of the former symptoms, but in a modified degree. The cautery was as effectual as previously.

“ My health from this time became perfectly re-established, and is now more firm than it has ever been. I can endure under these circumstances what I could not have borne at twenty years of age, the erections are more vigorous, and the ejaculation not so precipitate; it is accompanied by sensations, the vivacity of which were unknown to me. My intellectual functions have acquired a new vigour; if they had been in as good a state when I found myself in such a melancholy condition, my career probably would not have been so unfortunate. At all events, I am thankful that I am delivered from the frightful malady, which for twenty-one years poisoned and embittered my existence.”

Having observed the extraordinary benefit which followed the application of nitrate of silver to the eye, when its vessels were relaxed by disease, Lallemand inferred, that if he could stimulate the seminal ducts by the same application, a corresponding benefit would result. To accomplish this, he invented his “ porte caustique.”

This consists of a middle-sized catheter tube, open at either extremity, but closed laterally; not being perfo-

rated at the sides, like the ordinary catheter. It is slightly curved at one end, but straight at the opposite, and encases a flexible stilette, named "porte-caustique," or caustic holder, which is longer than the tube, and can be pushed an inch or so beyond the extremity. Attached to this is a piece of platinum, formed into a groove. The stilette is some inches longer than the tube, and is furnished with an adjusting screw, by which it can be firmly fixed at any length, so as to expose any required portion of the groove, by projecting it beyond the end of the canula.

To charge the instrument, we put the powdered nitrate into the groove, and fuse it in the flame of a lamp. When cool, it is firmly attached to the platinum. It is advisable to wrap the whole in a piece of platinum foil, and fuse it for a second or two in the flame of the blow-pipe, because, when held in the flame of the spirit lamp, the carbon and hydrogen in combustion act as a flux, and reduce the salt. An instrument so prepared would be worse than useless, as the groove would be filled with the oxide, or metallic silver.

The stilette, with the groove armed, is to be placed in the canula, and the adjusting pin being arranged, it is to be drawn within the canula till the button-like head is close to the open end—in fact, resting against it. It now resembles an ordinary metallic bougie, and, as such, is to be introduced into the urethra, and passed on till it arrives at the diseased spot. We now push the stilette onwards, the armed groove is exposed, and the nitrate comes in contact with the diseased portion of the urethra. If the exposed part be rolled once round, the whole circle of the urethra will be subjected to the action of the cautery; but when the object is to touch merely a single spot, the stilette is so arranged and introduced, that the groove

is opposed to the disordered spot. The instrument so adjusted being introduced to the required length, and the stilette being once or twice pushed forwards, and again withdrawn, the application will be complete, and the apparatus may then be removed from the urethra.

Care should be taken that the bladder be completely emptied before the cautery is applied. If the patient should micturate, either at the time of applying it, or immediately after, the action of the nitrate will be interfered with. Another object of essential importance is, the measurement of the length of the urethra, as this is found to vary very much in different individuals. Measurement is necessary, to enable us to determine the exact place of the prostatic portion.

In making the application, it is not only quite unnecessary, but even improper, to pass the porte-caustique several times over the seminal ducts; a rapid movement to the right and left is all that is required. Great care should be taken, that the cauterization be strictly confined to the diseased portion of the canal; for if allowed to extend to any of the healthy parts (the membranous, or any other portion) severe irritation will be induced.

The urine should always be carefully analysed, before cauterization, for the purpose of ascertaining whether crystals of lithic acid, or oxalate of lime, appear; and the conditions of the urine, which give rise to their presence, should be previously corrected. If this be not attended to, considerable irritation may follow, and much mischief ensue.

All severe exercise, after the application, should be prohibited, and a light, nutritious, unirritating diet enjoined. The use of wine and spirits should be positively interdicted.

Patients who have been cauterised seldom experience

much benefit during the first fortnight or three weeks after the application; and, not unfrequently, a month or six weeks may elapse before the ducts become perfectly contracted.

During this period, too, there is often great danger of relapse, more especially if the patient is married; for he has frequently strong and vigorous erections, and a feeling of strength he had not had before. Hence such patients often indulge their sexual desires before the cure has been completed.

The urethra should not be cauterized a second time for six weeks or two months, even in cases of relapse. A second cauterization, performed sooner, often induces a degree of irritation in the prostate which it might be difficult to allay.

Patients constantly request me to cauterise the urethra a second time, before I have had an opportunity of judging what benefit will be derived from the first application. This anxiety for repetition originates in that feeling of health and vigour which they had not experienced for years before; and, believing it to arise from the caustic, they imagine that every application will hasten their cure. But the practitioner should never yield to such solicitations, nor be prevailed upon to repeat it, without mature consideration.

During the last ten years, I have applied the cautery in upwards of fifteen hundred cases of spermatorrhœa; but it must not be inferred from this that I approve of cauterization in all cases of impotency; a great many may be cured without its application. My experience however has fully satisfied me, that every case of spermatorrhœa, in which the ducts are relaxed and patulous, allowing the involuntary escape of seminal fluid, will be more or less benefited, and that a very great proportion will be perfectly cured by the application.

In some cases I have been obliged to apply the cauterly two or three times, and even more frequently, before I have succeeded in arresting the nocturnal and diurnal pollutions. In obstinate cases, I have been called upon by some of my patients previously cauterized, to again apply the nitrate, in consequence of some of their old symptoms re-appearing after a period of twelve or eighteen months, occasioned by too free indulgence. In most of these cases, the symptoms were immediately relieved by a single application, and without much inconvenience, the urethra having been accustomed to the introduction of the instrument.

The application of the cauterly causes but little inconvenience at the time, particularly if the patient takes a warm bath, so as to relax the urethra, and allow the porte-caustique to pass readily to the prostate. For about twenty-four hours after the cauterization, the patient suffers sharp pain on passing water. Rest, however, and barley-water, are all that are necessary, and in most cases they remove the scalding. I always prohibit horse-exercise, stimulating drinks, and recommend quiet for a day or two. By enforcing these instructions I have never met with an instance where it became necessary to continue their observance longer than a few days; and notwithstanding the great number of cases which I have cauterized, I have never seen any ill consequences result from it. Nay, I feel satisfied, that if judiciously performed, it will never do any harm. Lallemand fully confirms this opinion. He observes, "It is now twenty years since I first commenced cauterizing the urethra. Since that time I have cauterized the prostate almost daily, and never knew the application to do any harm."

The cauterization is followed by a feeling of strength;

the urine is not passed so frequently, nor secreted in such large quantities; erections take place during the night, and if an emission should follow, it is quite of a different character to the previous discharges. The patient generally awakes with pleasurable feelings; the emission is not followed by debility. The irritation that existed in the urethra, bladder, and rectum, gradually diminishes, and at length subsides altogether. Sleep returns, which is refreshing and invigorating; the desire and power for sexual gratification are ultimately regained. The mental functions, however, are the last to recover their healthy tone and power.

I have been frequently consulted by patients who informed me that their urethra had been cauterized, in some instances, with a BOUGIE, in others with a *catheter*: of course, without benefit. In none of these instances had the instrument reached beyond two or three inches from the orifice of the urethra. These persons expressed their surprise, when the porte-caustique was introduced, and passed much further from the orifice than they had been led to believe the disease existed.

In answer to numerous anonymous medical correspondents, I may here state, that it is impossible for any one to cauterize his own urethra; and that unless the seminal ducts in the prostatic portion be cauterized, no benefit can be derived. We might as reasonably expect to be relieved from tooth-ache by applying kreosote to the tongue, as contraction of the seminal ducts to follow the application of the cautery to the bulbous or membranous portion of the urethra. I wish to impress this upon the minds of professional men, for we constantly see many and valuable remedial agents fall into disuse, in consequence of not being properly directed.

I was suddenly summoned one morning to visit a

patient whom a surgeon had been cauterizing, and who, on withdrawing the canula, entangled a portion of the mucous membrane with the button-like head of the porte-caustique. This prevented the extraction of the instrument, and he became alarmed by the pain occasioned by the effort to withdraw it. When I arrived, I released the mucous membrane, by undoing the top screw, which enabled me in a moment to withdraw the canula, and then the caustic-holder immediately followed. Fortunately, the case did much better than might have been expected under such circumstances.

The following is another example.

I was sent for by a gentleman at the West-end, and on my arrival received the following account, which I give nearly as related to me:—

“I arrived from India eight months ago, where I had been residing for some years. During the voyage home, I suffered very severely from irritation of the bladder, and nocturnal emissions, which were greatly increased by my being obliged to lie upon my back. On my arrival at Portsmouth, I purchased a book advertised in one of the papers, and consulted the author, who sent me some medicine, which I continued to take for three months without benefit. I then paid him a personal visit, when I stated that a friend of mine had been cured by your cauterizing the urethra, in less than a month. His reply was, ‘that he had had more experience in that practice than all the medical men in London put together, and that if I would call upon him the following morning, he would cauterize me.’ Having contracted and paid him for my cure, I called upon him at the time appointed. The operation was performed, but it gave me considerable pain. I went home to my lodgings in a cab. My sufferings became greatly increased. I immediately

sent off a messenger to the cauterizer, to inform him how bad I was, and to request that he would call and see me, as I was suffering most acutely from his operation. The reply I received was, '*That he never went out to visit any patients,*' I have therefore sent for you, for heaven's sake try and relieve me."

I found the penis very much swelled. The orifice of the urethra seemed as if a solid bit of caustic had been introduced, unprotected, into the canal. I was apprehensive of retention of urine, the patient feeling a constant and urgent desire, but without the ability to empty the bladder. I immediately injected warm oil into the urethra, to protect the mucous membrane; ordered a large dose of camphor and hyoscyamus, to allay irritability; put my patient into a hip-bath, and gave him plentifully of mucilaginous fluids to drink. This treatment fortunately succeeded in preventing retention; but the spermatorrhœa was greatly aggravated by the violent inflammation. The emissions increased in number; a large quantity of vitiated seminal fluid, frequently mixed with blood, being emitted. I now prescribed cold baths, sedatives, a mild unirritating diet, and other remedies, for checking these discharges, but without benefit.

I then submitted to him the necessity of cauterising the ducts; but he strongly objected; nor would he consent, till he found, and became convinced, that all other remedies had failed to afford any relief. I cauterised the prostatic portion of the urethra, which caused him little inconvenience, the pain not lasting more than ten minutes; and the scalding which he felt on passing water disappeared altogether in two days. The nocturnal emissions, and the seminal discharges at stool, and with the last drops of the urine, greatly abated; but I was obliged to cauterize the urethra twice more before they entirely

disappeared. The patient, however, left town completely cured of his spermatorrhœa, and I have been informed that his general health is now perfectly re-established.

Spermatorrhœa sometimes becomes complicated with other affections; and it is then necessary, not only to arrest the seminal discharge, but to direct our attention to those parts which have become enfeebled by the continued ill-health of the patient, as will be manifest from the following case:—

A gentleman consulted me under the following circumstances:—Both his parents were perfectly healthy; but there was an hereditary disposition in his family to insanity. About twenty years ago he contracted a syphilitic affection, for which he consulted one of those persons who advertise a “speedy and radical cure” for this disorder. He was subjected to some mode of treatment which salivated him most severely, and completely incapacitated him from attending to his business. He was forced to go into the country to recruit, where his health ultimately became re-established; but to his great astonishment and dismay, he discovered that he was completely impotent.

Under these circumstances he returned to London, and engaged as a traveller to a large wholesale mercantile establishment. He continued in this situation for many years, indulging in the pleasures of the table, and drinking freely of wine. He frequently attempted to indulge in sexual intercourse, but could never accomplish his object. No matter, whether excited by wine or free from the agency of stimulants, he alike failed. In this condition, he consulted some of the most eminent men in London, was treated according to their several views, and underwent the routine of treatment

for stricture, disease of the prostate, and urethral irritation, but without the slightest benefit. He next consulted a surgeon in the city, who advised purgatives to clear out the bowels, and afterwards tonics, steel, and cold bathing, in which the patient persevered for some months, but still without any sensible amelioration. As a last resource, marriage was recommended, but, for obvious reasons, he declined to follow this advice. Under these afflicting circumstances, he suffered much from mental depression and prostration of bodily strength. He became timid, bashful, and retiring, and felt greatly alarmed lest he should at last be tempted to give way to a desire which he felt to commit suicide. It was at this period that he first consulted me.

The stomach and bowels were very much out of order; the liver torpid; diurnal pollutions frequent in the course of the day. When travelling in a carriage upon rugged roads, or on going to stool, he passed large quantities of seminal fluid, which likewise came away abundantly with the last drops of the urine. The urine itself was limpid and copious, and frequently abounded in spermatazoons broken up and mutilated. The testes were flabby and pendulous. I directed alteratives and tonics to improve the health and strengthen the frame. I cauterized the urethra, which greatly abated the pollutions. He now left London; but the nocturnal emissions returning, he came back to town, when I again applied the cautery, and the discharges ceased. But they still returned, for he was obliged to take stimulants rather too freely, and to travel, before permanent contraction of the ducts could be insured. I therefore determined not to apply the cautery again until circumstances would permit of his stay in London for two or three weeks, when he might avoid stimulants and take

rest. Christmas presenting the most favorable and convenient period, the cauterization was now applied. The nocturnal and diurnal pollutions were completely stopped, and his general health was greatly improved, but the sexual debility still continued unabated. This I attributed to the long disuse, and consequent torpor of the genital organs. I therefore decided on arousing them from their state of lethargy. With this intent I galvanized the spine, directing the current along the lumbar vertebræ to the testes. After continuing the galvanism for three weeks, this patient went into the country, where he remained for some time. On his return, he called upon me: he was in excellent spirits, and assured me that his general health was as good as ever, and that his sexual powers were completely restored.

This is a case presenting several points of interest for our consideration. As it frequently happens when spermatorrhœa has continued for any considerable length of time, the seminal discharge was attended with great constitutional irritation and disturbance. The liver was torpid; there was considerable derangement of the stomach and bowels, with a constant tendency to the accumulation of fecal matters in the rectum. This tendency was so great, that in spite of every precaution as to diet, and the administration of laxatives, hardened feces blocked up the rectum, and the irritation thus occasioned, brought back the spermatorrhœal discharge; nor could the cure be looked upon as complete, even when the healthy action of the stomach and bowels had been restored, and the seminal discharge had ceased. The sexual powers having remained dormant for so long a time, there was considerable difficulty in rousing them to action, and restoring their tone. I have met with many cases very similar to this caused by extreme

continence. In all such I have found the *erectores penis*, *acceleratores urinæ*, and *cremaster* muscles very much atrophied. There cannot be a doubt, but that the action here is somewhat similar to that which occurs in the extremities in cases of paralysis. We constantly observe that when a limb becomes palsied, it wastes, and is found to be not more than half its natural size.

Nothing has yet appeared to me so beneficial in impotency, arising from this cause, as galvanism, a current of which should be passed through the perineum, but we must be careful that the patient is free from all seminal discharge; for, should any exist, galvanism will almost to a certainty increase and aggravate the evil.

There is another point of great interest in connexion with this case—the long-continued exhibition of sesquichloride of iron. In such cases it never fails to do mischief, by aggravating the symptoms it was intended to relieve. I would therefore caution practitioners against the indiscriminate use of this preparation; indeed, I am satisfied, from very extensive experience in the treatment of such affections, that it *never* fails to prove hurtful, when, as in the case noticed, the patient is of the biliary temperament, and the deposition of lithic acid in the urine is habitual.

Iron is very useful in the phlegmatic temperament; more especially, when the urine deposits the phosphates, the muscles are flabby, the countenance pallid, and the tissues generally relaxed. But in a case like that just noticed, in which mercury had been given in a large quantity, for the cure of syphilis, a deep taint of which still remained, I have found *sarsaparilla* and *taraxacum* the best tonic and corrective. They not only strengthen the system, but expel the syphilitic virus; while the liver stimulated to vigorous action. The bowels are at the

same time kept regular; and this is a matter of the greatest moment in the treatment of spermatorrhœa, more especially when there is hereditary predisposition to insanity.

The following case will shew the connection between gonorrhœa and spermatic discharges:—

A medical gentleman applied to me in August 1846, and gave me the following summary of his case:—
“While attending my first course of lectures I unfortunately contracted gonorrhœa, which was treated in the usual way. In about three weeks the acute symptoms entirely yielded; but having accepted an invitation to a party, I indulged rather too freely in stimulants, which brought back all the inflammatory symptoms with even greater vehemence. The inflammation extended along the urethra, and reached the bladder in spite of all that I could do; which caused retention of urine. The inflammatory action and retention were ultimately relieved by hot baths, leeches, and sedatives; still the bladder remained extremely irritable, and would not retain more than an ounce or two of urine. When this quantity accumulated, I was suddenly obliged to void it, which was followed by a great deal of spasmodic contraction about the neck of the bladder. Quiet, and the sesquichloride of iron mitigated the pain, and improved my general health. I was now recommended cold bathing, which aggravated the symptoms, and brought back the former violence of the disease.

“At this time I became pupil to a house surgeon, who undertook the management of the case. By his direction I took tonics, both vegetable and mineral. Leeches were applied to the perineum, and these were followed by counter-irritation. The blisters, however, only aggra-

vated my sufferings. An ointment composed of iodine relieved for the time; still I suffered from an uneasy feeling of the prostatic portion of the urethra, so much so that I could not but imagine that the prostate was diseased. The urethra was examined, and the result was a belief that there was a stricture in the anterior portion. The introduction of the bougie caused, for the time, much spasm, which was subsequently followed by some relief, which was, however, of short continuance.

“My general health, which, previous to the attack of gonorrhœa, was very good, now began to give way. The pain in the prostate became so severe as to interfere with my walking. I became extremely irritable; suffered from loss of appetite, sleepless nights, and frequent *nocturnal pollutions*; I felt a desire of being constantly alone; indigestion in an aggravated form, attended with flatulency, came on, and this rendered my state truly miserable. My debility was at the extreme, and I felt incapable of any exertion, either bodily or mental. The only thing which in the slightest degree relieved me, was lying on a table, applying cold water to the perineum, and injecting opium into the rectum. I was obliged to have constant recourse to its use to relieve my sufferings. In this miserable state, I accidentally saw your work on Spermatorrhœa. Its perusal immediately opened my eyes, and threw a sudden and unexpected light upon the nature and causes of my unhappy condition. I now felt convinced that I was, and had been for years, suffering from nocturnal and diurnal pollutions. Your observations led me to examine the last drops of the urine, and the result was my conviction that it contained spermatic fluid. Upon reflection, too, I felt satisfied that the semen passed copiously while at stool. I have lost all desire for sexual intercourse; the testes are pendulous

and flabby; and I am the victim of incessant excoriations."

I practised three or four cauterizations upon the præstatalic portion of the urethra, which completely arrested the nocturnal and diurnal pollutions. The preparations of iron and steel, with cold baths, completed the cure begun by cauterization.

In the observations on the preceding case, I called the attention of the practitioner to the bad consequences of the administration of astringents, such as the sesquichloride of iron, when the patient is of the biliary temperament, and the urine depositing lithic acid. In the case last mentioned, the patient was greatly benefited by the use of the tincture; but he was of the lymphatic temperament, and the urine deposited the phosphates. He, however, as has been shewn, greatly impaired his health by the habitual use of opium.

I have been informed by several patients, who have consulted me in consequence of suffering from spermatorrhœa, that they have been in the habit of injecting tincture of opium, more or less diluted, into the rectum, and even into the urethra, with a view to the suppression of the nightly emissions. The opiate injection occasionally relieved for the time; but ultimately very injurious consequences were the result. In some cases, no benefit whatever accrued; but on the contrary, all the symptoms became worse immediately upon the first use of the laudanum as an injection—that is, it was attended with headache, flatulency, impaired digestion, and even complete indigestion, drowsiness, with languor, and a feeling of great debility. One very constant and remarkable effect was, a gradual diminution, and at last a complete disinclination for sexual intercourse. The bowels became constipated, the motions hard and bulky,

the patient was forced to strain at stool, attended with considerable pressure upon the vesiculæ seminales, causing the seminal fluid to escape, and thus aggravating the disease it was prescribed to cure.

When a gonorrhœa is neglected and badly treated at the commencement, it re-appears from very trifling causes; the follicles of the prostate are frequently destroyed by the inflammation; the ejaculatory canals are dilated, the orifices become ulcerated, the inflammation extends to the vesiculæ seminales; in some cases the seminal ducts become so much relaxed and open, that emissions take place precipitately, without the penis being erect, and without pleasure; and it also escapes when the patient is at stool or voiding the last drops of the urine. One or two nocturnal emissions, when they take place under these circumstances, may produce considerable debility. If persons marry before these parts have completely regained their healthy action, the constant fatigue of the organs produces quick ejaculations, because the excretory canals are irritated, and the fluid is expelled as fast as it is secreted; the loss is considerable, because the testicles participate in the irritation of the excretory canals, the inflammation may, by degrees, extend up the urinary passages, reach the bladder, and the ureters, and terminate by inducing inflammation of the kidneys.

Gonorrhœa, when attended with a good deal of irritation and inflammation, confined to the anterior parts of the urethra, occasionally proves useful in spermatorrhœa, brought on by masturbation, the parts being so sore that the patient cannot persevere in his mal-practices. A rather curious incident first suggested to me the idea of a preventive, which the history of the following case will fully explain:—

A gentleman connected with a wholesale house, for

which he used to travel, became gradually enervated, in consequence of suffering from spermatorrhœa. His strength failed, and he was obliged to withdraw from his occupation. He contracted a violent gonorrhœa, attended with inflammation and intolerable chordee. These symptoms proved very obstinate; and in consequence of the delicate state of his health, little more was done than giving hyoscyamus as a sedative, and applying cold water to the penis, to prevent painful erections.

I ascribed the severity of these symptoms to the impaired state of the general health, and feared that the inflammation might terminate in sloughing. I found, however, that the more severe the inflammatory symptoms were, the more the patient's health improved, and that when the inflammation had abated to a certain point he relapsed. Thus the gonorrhœa and the general health seemed to undergo alternate exacerbations and remissions.

Reflecting upon these circumstances, I began to suspect that the gonorrhœa, when sufficiently severe, acted as a preventive, by restraining the patient from indulging in habits (for I had learned previously the cause of his complaint) which he practised to a great extent. It therefore occurred to me that if I could keep up a certain degree of soreness of the penis, I should effectually restrain him from masturbation.

If we feel satisfied that the patient proceeds in the manner stated, we must adopt some more powerful argument than persuasion. If it is found in the case of self-pollution, that the habit has gained an uncontrollable ascendancy, and that no precaution has been taken to prevent its repetition, no amendment can be expected, and the disease will continue to advance. In such cases the Ung. Antim. Potass. Tart. or the Acet. Cantharid. will at

once stop the practice, and remove the cause, for the parts will be made so sore, that the patient cannot endure the slightest touch.

I am frequently consulted by patients who imagine that they are suffering from gleet. After what has been already observed, I need scarcely state, that, in such cases, a microscopical examination of the discharge should always be instituted; as, otherwise, we may be deceived as to the real nature of the affection, and prescribe remedies in vain for a disease which has no actual existence, while we are wholly neglecting that which is productive of all the mischief. The history of the following case will shew the importance of attending to this subject:—A gentleman, for upwards of two years, suffered with a discharge from the urethra, which was looked upon as the result of gonorrhœa. He consulted a medical practitioner, under whose care he remained for nearly the above period, who put him under the influence of copaiba, cubebs, and the whole routine of urinary astringents, administered too in the most extraordinary doses. The disease, however, continued unabated, this gentleman suggested marriage as a means of cure, which advice the patient adopted; and the consequence was, that I was shortly afterwards consulted by his lady, who laboured under the impression that she was suffering from the effect of his previous delinquencies, as the gentleman stated that he had had a venereal attack or two previous to his marriage. However, I could not discover any satisfactory evidence of gonorrhœa, which would have been most in accordance with the lady's state; and although I endeavoured to assure her, by explaining that many ladies were often affected in a similar manner immediately after marriage, I could not succeed in removing the morbid impression from her

mind. Under this conviction, she begged her husband to call upon me, when he stated that he had been affected in consequence of previous imprudence, and expressed his fears that he had infected his wife. However, I was soon able to satisfy him on that point; and I then learned the following particulars. The discharge from the urethra had been brought on by improper indulgence; and he now found that although he could not have a perfect erection, the most trivial circumstances caused a sort of seminal emission, and that during the night, he frequently had imperfect nocturnal discharges; and, though sleeping with his wife, he felt not the slightest desire, nor did he feel capable of the sexual act. This he said was productive of much unhappiness to both parties, which made him very miserable.

I assured him that the case was not so hopeless as he imagined, and explained to him what it would be necessary to do. The urethra was cauterized, which afforded great relief; and the discharge was much reduced. I then advised him to separate a short time from his wife, in compliance with which, he left town for Brighton, where he remained two months, and then returned perfectly cured.

It cannot be too strongly impressed upon the mind, that marriage under these circumstances is very frequently followed by impotency, which often makes its attack suddenly, and without any warning, so that the party is not aware, until he makes the trial, of his inability to consummate the marriage.

I am frequently consulted by persons who have been married for years, without having had offspring. In such cases I have often found the uterine and vaginal secretions unhealthy, indeed in one or other of the morbid

conditions previously noticed. Infertility is apparently the consequence; but if there should be issue, the offspring is generally weak and delicate, and usually dies before puberty.

I cannot state how far the treatment I adopted may have been successful in these cases, as I generally lose sight of the patient when the uterus has been restored to its healthy state. Many cases, however, have occurred, in which I have had opportunities of becoming acquainted with the result. One lady, recently under my care, the wife of a surgeon, who had been married for eleven years, without having had any children, was, a few weeks ago, delivered of a healthy child; and I have, at different times, met with several cases of a similar description.

It not unfrequently happens that such patients are, for the first few months after marriage, capable of connection, but it will be generally found that this is imperfect, even from the commencement, in consequence of the seminal fluid passing off too quickly. When this is the case, I have much reason to believe that the lady, in a few months, suffers from leucorrhœa, or other uterine derangements, which greatly interfere with fertility, for these unhealthy secretions are usually either acid or alkaline, and destroy the spermatozoa before they can reach the fallopian tubes. This I look upon as the result of sexual excitement without the gratification.

Severe study, more especially if the patient be of the nervous temperament, and of a delicate constitution, will, from the confinement, mental exertion, and sedentary life, often occasion spermatorrhœa.

A gentleman called upon me in 1846, with a view to my professional assistance under the following circumstances. He stated that he had recently left the university, but that for a considerable time before the

end of the term, he had read regularly eight or ten hours a day, without being sensible of any great inconvenience. Confinement, however, and sitting so long in one position, ultimately brought on nocturnal emissions, which went on increasing, till at length he was troubled sometimes twice, and even thrice, in the course of the night. On the day following he was invariably stupid and lethargic, with a dull pain at the top of his head, which mostly continued throughout the day, subsiding towards the approach of evening, and leaving him free till after another attack.

At the first, these emissions did not occur more than once a week, or about every ten days. Each attack, however, increased the severity of the head-ache, and he was longer in recovering from its effects. At the same time, his digestion became bad, his eyes weak, and his bowels very much constipated.

He applied to many of the profession, and was assured that all his miserable feelings would cease so soon as the anxiety occasioned by his approaching examination was over. After his return home from college, finding he did not recover as he expected, and his family medical attendant not having relieved him, he was induced by the promises set forth in the newspapers to apply to some of the London charlatans, to whom he paid a considerable sum. The acids which these persons almost invariably give, greatly aggravated the already deranged state of his stomach. The vexation, however, from disappointments in the expectations raised, together with the irritation occasioned by their threats of exposure, greatly increased the nervous trepidations from which he was suffering.

At the time he became my patient, I had great reason to fear that the mental excitement might prove very

unmanageable. The pain in the head was excruciating, the palpitations of the heart might have been readily mistaken, by persons unaccustomed to such nervous sympathies, for organic disease of that organ. He also suffered severely from spinal irritation, which caused great unsteadiness of gait. His melancholy and despondency were extreme. All these symptoms were greatly aggravated by the nocturnal emissions, which now, unfortunately, had become much more frequent. I remember calling upon this patient one morning, when I found him trembling and shivering, as if in the cold stage of an ague, which he attributed to two emissions which had taken place during the night. He had all the symptoms of incipient amaurosis, which caused great despondency, for he had been told by his regular attendants, that this might probably terminate in complete blindness. The state of the urine, the stains upon the linen, the seminal discharges at stool, and the weeping from the urethra, gave ample proof that he was suffering from *spermatorrhœa* in a very aggravated degree. A highly nervous temperament, and naturally delicate constitution, accounted somewhat for the severity of the symptoms.

The cautery was applied to the urethra, which was attended with marked benefit. He was then treated actively for the threatened amaurosis, and fortunately the eyesight was soon restored. Mineral and vegetable tonics were prescribed, to invigorate the frame, and they completed the cure which the cauterizations had begun. I have seen this gentleman repeatedly since, and he is now in the enjoyment of good health.

In consequence of the high eulogiums passed upon me by the author of a small pamphlet, entitled "An Exposure, etc.," and whose case I have just detailed, I have

been consulted by a vast number of patients, many of whom were suffering from *spermatorrhœa*. Many of them represented to me, that, very much to their annoyance, "their disease was pronounced as merely imaginary, and that all would soon be right if they indulged in sexual intercourse." But the disease in some continuing to advance, the symptoms became more severe, and secondary affections of an alarming nature setting in, they were treated for disease of the heart, lungs, spine or kidneys.

Notwithstanding the discharge from the urethra had been repeatedly forced upon the attention,—notwithstanding the energy and confidence with which the hope was urged, that if the emissions could be suppressed, recovery would speedily follow. What was the result? All in vain! The ideas of the patient were looked upon as chimerical, and his reasonings and hopes treated as the wild and visionary creations of the hypochondriac! Such has been the plan of treating the victims of this disease; and such must continue to be the mode, so long as false delicacy and mawkish prudery prevail, and while certain of their votaries are allowed to *curb* the *energies* and *stifle* the *researches* of the profession. So long as these tolerations endure, so long will these unfortunates be left to their miserable fate. But there is every reason to hope that the time is approaching, when the mind, emancipated and freed from the thralldom of corrupt and selfish journalism, will apply itself fearlessly to the study of a class of diseases which, though so serious in their consequences, may be said at present to be scarcely known, much less understood. Perhaps it would be impossible to illustrate these principles better than by detailing the history of the following case:—

A gentleman, a member of one of the learned professions, informed me that he was the son of a very eminent surgeon practising in London, and that he had been an invalid for many years. His disease commenced with a frequent desire to pass urine, the last drops of which he generally found mixed with a thick slimy substance. He soon found that the desire for sexual indulgence had greatly diminished; faintness occasionally followed the evacuation of the bowels, especially if it was hard or costive, and forced away by much straining. These symptoms were accompanied with a desire of being alone; he became timid, indolent, irresolute, inactive, and negligent in his dress and appearance. He complained of suffering from a peculiar "opening" pain in the top of his head, which was greatly increased after an involuntary emission.

For several months he was under the professional care of his father, but derived no benefit; he also enumerated many of the most eminent surgeons in London, whom his father had consulted about him, but the result was the same. In this state he continued for about three years, but the disease increasing, and his health having become seriously impaired, he was recommended to travel.

After an absence of eighteen months, he returned to London with his general health greatly improved. But the emissions at night, and seminal discharges at stool, continued with as much violence as formerly. He assured me that he had repeatedly called the attention of his medical advisers to the nocturnal emissions, also the discharges when at stool, and the weakness and exhaustion which followed. His representations caused only a smile—the smile of incredulity—followed by a hint, that he was "nervous," and over-

sensitive, and if not very careful, "he would become *hypochondriacal*;" for the prevention of which he was recommended *marriage* ! This advice he followed, and in consequence became a great deal worse. All the symptoms were aggravated, and a number of others set in.

This patient suffered from a hard, dry, hacking cough, which induced the belief that he was consumptive. He could not rest at night, from an uncontrollable apprehension of sudden death. Under these circumstances, he called upon me; and I must confess, I hardly ever saw a more deplorable-looking object.

I found both testicles considerably reduced in size; the left almost wholly absorbed; the veins of the scrotum large, distended, and varicose; incessant desire to pass urine, which came dribbling away, so that the drops fell at his feet; his eyes were dull, heavy, and watery, as if he had been weeping; the urine, on examination, was found loaded with spermatozoa.

I commenced the treatment of this case by cauterizing the urethra, which was done three times. Marked benefit followed each application. Galvanism was applied along the spine, to give tone and energy to the spinal chord. The dry cupping-glasses were also frequently used. This treatment was followed by very marked relief, an evidence of which will be found in the following extract from one of his letters:—"I sleep well, and my sleep is refreshing. My appetite is good; and I digest my food well. All my nervous symptoms have almost entirely disappeared. I can read four or five hours a day, and can remember well what I have read. This I think a good sign, as no doubt you will recollect, that before your treatment, if I attempted to study even for half-an-hour, it was certain to bring back the pain in my head, so as to force me to leave off; and my memory

was so bad, that I could not call to mind a single particular of the subject upon which I had been reading. Since the application of the cautery, I can retain my water for a proper time, and that without feeling any very urgent inconvenience. The inclination (as well as the power for sexual indulgence) has returned. We are daily receiving the congratulations of our friends, upon the improvement in my health, and the extraordinary change for the better in my appearance. I now feel cheerful, and can enjoy society.

“For the first time, I yesterday mentioned to my father that I was wholly indebted to you for my recovery; but, as I expected, he only ridiculed the idea, denouncing it ‘*downright nonsense*,’ which strongly reminded me of the proverb about the *prophet*.”

I think this case will fully bear out the principles which precede its details. Here a surgeon—a gentleman, too, justly eminent for his professional knowledge—sees his own son gradually sinking, the victim of disease; and yet his suspicions are never once excited as to the real cause. Nay, such the infatuation, that an honest and disinterested acknowledgment and avowal of the truth, meet only the reproof of stern and obstinate incredulity. If the profession would give this but one half the attention bestowed on other maladies, much good would result, and a great amount of suffering would be prevented; and the charlatans, who prey upon the miseries and fears of the unfortunate, would find their trade neither so prosperous nor so profitable. What is the unfortunate sufferer from spermatorrhœa to do? where is he to seek for either consolation or relief? The bulk of the profession treat him with either derision or irony, or perhaps with both. What resource is then left him, but to seek, out of the pale of the profession, that consideration and

expectation of relief, which its legitimate members deny. If the regular practitioner would but become acquainted with the nature and symptoms of spermatorrhœa,—if the principles of treatment laid down in these pages were more generally adopted, instead of invariably decrying its service or utility,—one of the most fertile and seductive incentives to charlatanism would be most effectually paralysed—nay, even annihilated. In one of the volumes of the *Medical and Physical Journal* will be found the following case, which occurred at St. George's Hospital, and was recorded by Sir Benjamin Brodie:—

“ This patient was admitted into St. George's Hospital, on account of a pain in the left testicle. The organ was soft, flacid, and about a third of the size of the opposite one. The patient had not received any injury, nor had he had gonorrhœa; but for five years had practised masturbation once a day. The testicle, before it was wasted, was the seat of very severe pain and swelling; the patient was sad and melancholy. Various remedies were tried in vain, and he left the hospital without relief.”

Now, when we reflect upon the history of this case, and compare its symptoms, there can be very little difficulty in coming to the conclusion that this patient was the victim of *inveterate spermatorrhœa*. I am satisfied, from the experience I have had in the treatment of numerous cases of a precisely similar character, that *cauterization* of the *urethra*, followed up by the treatment previously detailed, would have been attended with very different results, and the success would have been the same in this instance as in those which I have recorded.

Masturbation and excessive sexual indulgence very often produce low nervous disorders, followed by giddiness and dimness of sight. In some, real amaurosis is the result. Of this Mr. Travers mentions one or two instances:—“ The most pitiable cases of amaurosis,”

says he, "are those of early life, from excess of sexual indulgence, and especially of solitary vices. The following are strong examples:—A country lad, of robust constitution, became, alternately, the favoured paramour of two females, his fellow-servants, under the same roof. He was the object of gutta serena in less than a twelvemonth. Another at an early period of puberty, suddenly fell into despondency, and shunned society. He never left his chamber but when the shades of night concealed him from observation, and then selected an unfrequented path. It was not discovered till too late that, in addition to other signs of nervous exhaustion, a palsy of the retina was the consequence of habitual masturbation."* Nearly five years ago, the following occurred to myself:—

A gentleman applied to me complaining of dimness of sight, pain in the head, and defective vision. He constantly saw a number of black specks floating before the eyes, and substantial objects appeared double, and variously coloured or otherwise marked. A candle, for instance, appeared broken, variously figured, and sometimes greatly distorted. He had lost his appetite; suffered from nervous palpitation of the heart; incapability of attending to business; pain in the back and loins; and a feeling of lassitude upon the slightest exertion; in addition to which, all sexual desire had completely vanished.

On examination, I found the urine of low specific gravity, and containing a large quantity of seminal fluid. The patient himself admitted both diurnal and nocturnal pollutions. The retina of the right eye was paralysed, and the amaurotic condition of the left excited my fears, that it would also be sacrificed, and so subject the patient to total blindness.

As the bowels were rather torpid, purgatives were ad-

* On Diseases of the Eye, p. 145.

ministered freely, and in tolerably active doses. Counter-irritation was applied to the back of the neck. Alteratives were then resorted to, and tonics (zinc, quinine, &c.) administered; he was allowed generous diet, with port-wine. I cauterized the urethra, which had a very satisfactory and beneficial influence upon the pollutions; and the gums becoming tender, the fulness and pain in the head disappeared. The *vegetative* secretions became more natural and healthy. I then directed for him *arnica* internally, and exposed the eyes to the vapour of ether. The pollutions beginning to re-appear, the cautery was again applied to the urethra. This was attended with a return of the sexual powers; the general health rapidly improved, and the left eye was fortunately saved. But the right, notwithstanding blisters to the temples, electricity, the use of strychnia, capsicum plasters, croton oil, veratria, &c., was irrecoverably lost.

Since the last edition of this work, I have had under my care a number of similar cases, in which incipient amaurosis was the most obvious symptom. I have invariably found that the treatment above described, if energetically pursued, will arrest the disease, and restore vision; but if it be suffered to proceed till the retina becomes paralysed, every kind of treatment will fail to restore the sight; and all we can then do, will be to endeavour to restore the general health.

Spermatorrhœa, when brought on by long continence, is for the most part difficult to cure. Patients frequently tell me that they have not had connection for many years. Upon careful inquiry, I invariably find that the desire had never been very strong. Such patients too, are mostly sensible of their own inability, and feel that they have, to some extent, lost the sexual power. I have met with a number of cases of this description, and yet, strange as it may appear, five out of every seven

were married; nor was it until they had entered into married life that they discovered their impotency.

I cannot impress too strongly upon the minds of physicians and surgeons, the importance of thoroughly investigating the nature of the case, before they recommend marriage to such patients. I have been assured by them over and over again, that they would have resisted all the importunities of their friends, had not their surgeon added the weight of his assurance, that they were perfectly fit for the marriage state.

There is much in the history usually given by this class of patients, which, if not carefully examined, is calculated to mislead. I am repeatedly told, in answer to my inquiries, that they have occasionally suffered from nocturnal pollutions, attended with pleasurable sensations; and that they have been able to have connection without experiencing any difficulty. But a *stricter* inquiry generally elicits that it has been many years since the emissions have been accompanied with strong erotic emotions; that the sexual congress has been seldom, and that months elapse before a repetition.

There is another important circumstance to be considered in connection with these cases, and to which I cannot too strongly direct attention, viz., the difficulty of discovering, by microscopical examination in the ordinary way, the evidence of seminal fluid in the urine, notwithstanding it may be present in great plenty. This is owing principally to the disordered condition of the testicle. In cases like those under consideration, in which the patient has been suffering for ten, fifteen, or twenty years, the spermatozoa are much decreased in size, and differ as much in appearance from those of health, as robust and healthy children differ from the sickly infants we so constantly meet in the unhealthy localities of London. The spermatozoa too are generally

mutilated and broken down. When healthy and perfect they may be readily discovered, even by an inch object glass; but when diseased in the manner described, much time, care, and patience are required, and the best eighth-inch glass is absolutely necessary.

I feel assured that much of the misery I have seen, occasioned by such patients marrying, is to be referred to the difficulty there is in discovering their true condition. Indeed, not very long since, the medical attendant of a gentleman whose wife had sued for a divorce, told me that he would as soon have thought of passing a recruit with a broken arm into her Majesty's service, as he would have advised the gentleman whose case we were investigating, to marry, had all the facts been laid before him. I again repeat, that the very worst cases which have come under my observation, have been those of persons who have ceased for years from sexual indulgence, solely from want of desire.

This complete loss of sexual power is owing, I have reason to believe, to a relaxed state of the ducts, by which the semen is allowed to escape when the patient is at stool, or when emptying the bladder. I have been led to this conclusion from a post mortem examination, which I had an opportunity of making. The following diagram will give a good idea of the morbid appearances which this case presented.



It will be observed, that the mucous membrane of the prostatic portion of the urethra is corrugated, while the gland itself is greatly enlarged.

I feel assured, from very extensive observation, that this condition of the prostate is the result of early excesses, and is much more common than is generally imagined. My friend, Dr. Beith, who has made many examinations into the morbid condition of the prostate gland, informs me, that he found this enlargement to be caused by the deposition of fat in its substance. He has been led to this conclusion by his anatomical researches at the Greenwich Hospital, which is one of the first fields for pathological inquiry in Europe.

When the prostate is thus enlarged, the cautery should not be applied, until the gland has been reduced in size, and restored to its healthy condition.

With the view of giving a clearer conception of the



diseased state of the gland, in such cases, I have, in the diagram, given a representation of it in its healthy condition; so that by contrasting this with the preceding wood-cut, the nature of the diseased state will be more

readily understood.

Again, practitioners are frequently misled by the steady, regular, methodical lives of such patients, it being generally believed that spermatorrhœa is brought on only by venereal excesses, or repeated attacks of gonorrhœa and syphilis. But I am satisfied, from extensive observation, that prolonged continence is a much more frequent cause of impotency than is generally believed. I could relate a number of remarkable instances in illus-

tration, some of which have been unfortunately the subjects of legal controversy; I shall, however, refrain from doing so, as the histories might be traced by those who are to some extent acquainted with the circumstances.

It often happens that patients who have been sufferings from nocturnal emissions, which have, while they continued, proved very troublesome, find themselves suddenly, so far relieved, that the discharges at night altogether disappear; but notwithstanding, their feelings of misery, so far from abating, continue to increase. I have met with many patients, who, having suffered in this way, had been assured by their medical attendants, that the disease, about which they felt so anxious, was completely cured. These practitioners, deceived evidently by the disappearance of the nocturnal emissions, were betrayed into the belief that a perfect cure had been effected. No error, however, can be fraught with greater danger; and therefore I feel the more persuaded of the necessity of directing special attention to this important fallacy. The error consists in the belief that the emissions have ceased, whereas they still continue; but with this difference, that the *nocturnal* are replaced by *diurnal* pollutions, the former disappearing and giving way to the latter; the system being unequal to, or incapable of supporting the double discharges. That I am not singular in maintaining these views, I can appeal for confirmation to the experience of Lallemand, who observes:—“Both the patients and their medical attendants are led astray during the most severe periods of the disease, by the diminution or entire cessation of the nocturnal pollutions; diurnal discharges, the effects of which are much more serious, take their place; and this is why on the entire cessation of nocturnal pollutions, the discharge

becomes permanent, and complete impotency is often established."

But this discharge is unfortunately not discoverable by the patient, because the seminal fluid is intermixed with the urine, and requires time for its subsidence.

Seldom a day passes without patients applying to me, who state that they have most of the symptoms described in this essay; but that they have never had any discharge from the urethra; *the seminal fluid escaping from the patulous ducts and mixing with the urine eludes detection*, and so they are deceived.

The cause of this form is an atony of the ducts; and when spermatorrhoea can be distinctly traced to such a source, I have found it ushered in at the commencement by forgetfulness, head-ache, want of resolution, fear, and great debility. The emissions at night frequently take place, without erections, dreams, or any pleasurable feelings, sufficient to mark the occurrence. It resembles a sort of *passive* discharge. Many of these patients are insensible of the occurrence.

These patients also pass large quantities of seminal fluid when at stool, and when voiding urine; the seminal fluid mixing with the contents of the bladder may be discovered in great plenty in the urine. The largest quantity of seminal fluid I ever found in urine, occurred in the case of a patient suffering from atony of the ducts. Lallemand notices numerous instances of this kind; among which he relates the case of a young man who had been treated by distinguished practitioners both in England and Germany, for a chronic disease of the brain, but without any benefit. This gentleman suffered from frequent giddiness, occasioned by the escape of large quantities of seminal fluid, attended with such a weakness of the limbs, that

he was fearful of attempting to walk alone. At length his mind was affected, and became so far deranged, that he doubted of everything he either saw or heard. By degrees his digestive organs became so much impaired, that his medical adviser recommended him to travel through Belgium and Germany. During his lengthened tour everything seemed illusory and fantastic; he fancied himself in a painful dream; he also imagined that every person he encountered was making a jest of him, and conspiring against him.

Three Englishmen who were pursuing the same route, were immediately the objects of his delusion. One, from an excessive indulgence in irony, attracted his especial hatred; and he was several times tempted, as he passed him, to pitch him overboard into the Rhine. These hallucinations remained in the memory of the patient, even after he had been cured as if it were a kind of nightmare. Lallemand very properly proposes the question, whether if in one of his moments of rage, he had thrown his supposed enemy into the Rhine, would this hallucination have been admitted? And if so would its cause have been suspected?

In cases of the description under consideration, the penis is remarkably insensible, flabby, and bloodless; the glans unusually developed; and if the lips of the orifice of the urethra be separated, the mucous membrane lining it, is found to be blanched and pale. A full sized-bougie may be passed up to the seminal ducts without causing much inconvenience, the urethra and neck of the bladder being very insensible. The testicles are generally small and ill developed; and hernia is by no means an unfrequent occurrence in consequence of the relaxed state of the tissue. Upon careful inquiry it will often be found that such patients have suffered in early life from incontinence of urine.

Many professional gentlemen err and deceive themselves very much in their treatment of such cases. Patients, for instance, apply to them, in consequence of sexual inability; but the practitioner makes their complaint a subject of ridicule, and concludes by assuring them, that it depends altogether upon a disordered imagination; and that if they will but divest themselves of these morbid fancies, they will speedily recover. Others, again, direct large quantities of medicine to be taken, in the expectation that they will thus effect a cure; while a third class recommends marriage, with the utmost confidence in its success. But the patients, after adopting these recommendations, and failing to obtain the promised advantage, seldom consult the surgeon a second time, either for this or any other ailment. The practitioner thus deceives himself, and believes that he has succeeded in curing his patient. Not long since, a gentleman engaged in extensive consulting practice in the city, informed me that he cured all his cases of spermatorrhœa with sesquichloride of iron. Having at the moment when this conversation occurred, several of this gentleman's patients under my care, I naturally made some enquiry of them, and in reply was given to understand that the reason they told Mr. —, "they were quite recovered," was to avoid taking any more medicine, which experience had proved to be inert and useless. Patients have a great objection to apprise their family surgeon, that, notwithstanding all the kindness and attention exerted in their behalf, they are still left impotent; an objection which operates still more forcibly, if, as is frequently the case, they are in the habit of meeting in society.

When spermatorrhœa arises from, or is accompanied by general debility, we must not rest satisfied with merely arresting the nocturnal and diurnal pollutions; but in addition, stimulate the muscles, the erectors penis,

acceleratores urinæ, cremaster, etc., and endeavour to arouse them, and all the other parts immediately connected with the genito-urinary apparatus, from their state of lethargy, before the patient can attain sufficient tone and power. In such cases as already stated, I have found the greatest benefit;—indeed, after the application of the cautery, the very best effects,—from galvanism, with the internal use of ergot of rye, camphor, cold douche, aromatic baths, and friction of the spine. The bracing influence of cold bathing must not, however, be relied upon, if cauterization has not been practised, for its tonic power is not lasting. I have seen a great number of persons who have been under hydropathic treatment, and who even so much benefited by the plan, as to induce the belief that the health was thoroughly established. I mentioned a case at page —, and have seen a great many of a similar character, where the symptoms suddenly returned after marriage, and left the patient impotent. Cold baths ceased to afford relief, when resorted to, under these altered circumstances.

The application of iodine and astringents, to the prostate and the mucous membrane lining the urethra, will be of the greatest service when the gland is enlarged, and



the urethra corrugated, which will be found always more or less so, when the disease has existed for a considerable time. The accompanying diagram, copied from the appearance of the parts upon a *post mortem* examination, in the

case detailed at page 25, will convey a good idea of the

state of the parts when the disease has existed for many years.

The plan I adopt in applying galvanism, is to have the end of the stilette of a flexible catheter to protrude at both extremities. At the extremity which enters the urethra, the stilette is formed into a sort of cone, the apex of which, when in use, is in the direction of the bladder. At the base it is made so large that the stilette cannot be withdrawn through the canula, resembling in some degree, the similar extremity of the "porte-caustique." Having introduced the instrument till the conical extremity has arrived at the part of the urethra to be subjected to the galvanic influence, the other end of the stilette (which is metallic of course, and a conductor) is connected by means of a copper wire with the battery. We can thus subject any part of the urethra (as the prostatic portion, where the ducts open, or the neck of the bladder with its sphincter) to the influence of the galvanic current. By a similar arrangement with a rectum bougie, the muscles about the anus and rectum, may in like manner be brought under the influence of the galvanic fluid. I have in many instances found the greatest benefit from this mode of treating affections, such as those under consideration. I have succeeded by these means in curing or otherwise relieving several patients, who had been for years taking all sorts of medicine under the direction of the most eminent and distinguished practitioners.

Cases of failure after marriage do not always arise from disease; many result from over-anxiety and timidity, and require merely a little assurance to restore the natural power. Indeed, many, when the novelty and excitement have worn off, recover spontaneously. However, it not unfrequently happens that we are called upon by persons, complaining that though they have been married for years, they have continued, as already observed,

capable of sexual intercourse; and in most of these instances, the age varies from thirty to fifty. By far the greater part of them had led a life of the strictest celibacy; diurnal pollutions having been produced in early life, the desire for the sexual congress was partially lost. Such persons found no difficulty in waiting till a favourable opportunity presented, and enabled them to form what they named a "judicious and advantageous alliance," seemingly forgetting that nature intended every part of the human body to be properly exercised; and that this law cannot be infringed without incurring the penalty. The muscles, especially the *erectores penis*, under such circumstances, are found weak and debilitated; the testicles loose, flabby, and pendulous; the erectile power much impaired; and the desire for sexual indulgence greatly diminished. These cases prove very tedious, and require much time and patience before the patient can be perfectly restored.

Veneral affections, it has been shown, are often intimately associated with spermatorrhœa; and this latter may trace its origin at one time to the effects of the virus upon the system, at another to the injudicious use of the remedies administered for its cure. In either case the system is suffering from the effects of a poison, and will require the utmost skill and attention, on the part of the practitioner, for its total and complete eradication.

We have also found that various cutaneous affections become intimately associated with spermatorrhœa; and that sulphureous and other medicated baths are necessary adjuncts to the other means of cure.

Particular conditions of the nervous system seem at times very intimately connected with, and even very much influence and modify the phenomena of spermatorrhœa. Such require the exhibition of opium, camphor,

hyoscyamus, and other sedatives, in order to give the proper efficacy to our other means.

With respect to the digestive functions, we almost always find them more or less deeply implicated. This has been remarked even by the father of medicine, who shows that although the appetite may remain, yet these patients waste—“*ἔσθλειν ἀγαθοί, καὶ τρηχόνται.*” Nor is it the functions only, but even the structure of the organs often is involved. Thus not only does the food become vitiated in its qualities; but in fact leads to changes in the organic system, which prove greatly embarrassing. The attention of the practitioner should be directed to these points. As already shewn, piles, worms, constipation, or acrid diarrhœa, may all concur in aggravating the disease; and each of these will require its appropriate modifications of the treatment.

I have found epilepsy so often complicated with spermatorrhœa, that I am inclined to believe that epileptic fits, in a very great proportion of instances, are mainly dependent upon spermatic discharges for their existence. Indeed several epileptic patients, who have consulted me, I have found suffering from spermatorrhœa, instances of which have been detailed in a former part of this essay. It is a singular fact, that in most of these cases, on cauterizing the prostatic portion of the urethra, the epilepsy gradually abated in severity, and ultimately disappeared. I am not, however, prepared to say how far the spermatorrhœa has been in these cases, the cause of the epilepsy; but I think the benefit derived from cauterization very fully warrants the conclusion, that they are in some degree related as cause and effect. I have ascertained the condition of the genital system in a number of cases considered as

ordinary epilepsy; and in a great many of these I found that the urine contained spermatozoons. I therefore throw out these hints, rather to stimulate inquiry, than as observations leading at present, at least, to any decided results.

Gonorrhœa, long continued continence, and masturbation, it is true, are most frequently the causes of spermatorrhœa; still it must not be forgotten that it may be caused also by affections of the skin, irritation of the rectum, or of the cerebellum, obstinate constipation, phymosis, stricture, and the abuse of astringents, cantharides, etc. The affections which are secondary, or caused by spermatorrhœa, must receive due care and attention. Such are hydrocele, varicocele, atrophy, or wasting of the testicle, affections of the eye, of the brain, lungs, stomach, kidneys, bladder, etc.

Before we determine the mode of treatment, the urine should be carefully analysed in the manner already described; for by this proceeding we are enabled not only to detect its existence, but also to discover the conditions of the prostate, urethra, kidneys, bladder, etc.

I have been consulted by a great number of persons living at a considerable distance from town, who suffer from one or more of the disorders above noticed. Indeed, scarcely a post passes without bringing letters requesting advice under these circumstances. I regret, however, that I am not in a position clearly to state how far I have been successful in their treatment. Such persons mostly write under assumed names, giving as their address, "the post office, till called for."

Mystery of this kind arises from apprehensions on the part of patients, that their cases form subjects of conversation with the practitioner; and that as little ceremony would be observed in divulging the secrets, by betraying

the names and circumstances of the patient, as in recording the general history and symptoms of the disease. It may be as well, therefore, to apprise persons influenced by such apprehensions, that the confidential communications between a patient and his professional adviser, are always held sacred by every respectable practitioner. Threats and even absolute exposure of the infirmities of nature, belong to, and are practised only by the unprincipled. With the respectable practitioner, neither the feelings of the patient nor those of his friends incur any risk of outrage. Was the knowledge of these facts generally disseminated, I should have been able to state more clearly the efficacy of medical treatment in these affections. There is not a case in this volume, the history of which would enable any, except the patient himself, and the practitioner whom he may have introduced to me in consultation, to recognise the individual object of the clinical history.

When the seminal ducts are in a relaxed and patulous state, allowing the escape of the seminal fluid with the last drops of the urine, and on the patient going to stool, and when the pollutions are both nocturnal and diurnal, temporary relief, and a momentary abatement of the symptoms, may result from the administration of sedatives, of steel, quinine, cold bathing, alteratives, sarsaparilla, etc. But a speedy relapse soon shows that the benefit has been only transient. Now I believe that in such a condition nothing will answer, but cauterization of the urethra. There is an atony about the prostatic portion, which extends itself to other parts of the genital system, that nothing relieves so effectually as the cautery. The nature and mode of application have been already explained. It cannot be too strongly impressed upon the mind, that to prove successful, the cautery must be

applied to the *prostatic* portion, where the *ducts open*. It is the bracing influence upon these, and extending to the other parts, that renders cauterization so effectual. I have frequently witnessed not only the total failure of this application, but also a considerable aggravation of the disease, in consequence of incompetent persons attempting that which they did not understand.

But I do not wish to be understood as holding forth cauterization as an exclusive means of cure. Like every other remedial agent, it will require the assistance of the many powerful auxiliaries we possess. I have, in my own practice, found great and surprising benefit from the application of the cautery, but yet the cure has not been perfected without resort to other auxiliary means, previously noticed.

When impotency depends upon an indurated condition of the epididymis, we must at once commence with the bichloride, for, as previously stated, all other remedial agents will be useless, until we have removed the hard and nodulated state of the testicle. For this hardened condition, in consequence of the obstruction which it offers, prevents the seminal fluid from passing onwards to the vesiculæ seminales, where, after being secreted, it is destined to be lodged, till pressed forward through the seminal ducts into the urethra during the sexual congress.

Nothing can demonstrate the absurdity of the idea of a *universal remedy* for the cure of disease more clearly than the treatment of spermatorrhœa and impotency; for we find that some patients are cured by tonics alone, others by anti-spasmodics and alteratives, many by stimulating and aloetic injections to remove ascarides from the rectum, and thus relieve the irritation which their presence causes. Galvanism, as already

noticed, proves a useful adjunct. "Antiphlogistics and tonics, emollients and excitants, repose and fatigue, produce good and bad effects in the same patient, in proportion as irritation or weakness predominates." Therefore, our first object should be an *inquiry* into, and a *thorough knowledge* of the nature of the *causes* which produce the loss of the seminal fluid when the patient goes to stool, or passes urine. This information will prove of the greatest importance in conducting the treatment, which must be modified to suit the particular circumstances of each case. The exciting causes are frequently very different, and indeed, often so diametrically opposite, that remedies useful in one instance, would prove highly injurious in another. For example, were we to treat a case of impotency depending upon stricture, in the same way as when it arises from induration of the epididymis, from phymosis, or masturbation; we should fail of success, as each requires its own peculiar mode of treatment.







